

# Cappy Cup Pond Hockey Tournament Registration Form

17-Feb-24

Please complete the shaded fields

Team Name:

Jersey Colour:

**\*\* PLAYERS MUST BE 19 OR OLDER TO PARTICIPATE \*\***

Last Name	First Name

Team Manager:

***Contacts***

	Primary Contact	Alternate Contact
Name		
Address		
Phone		
Cell		
Other		
Email		

I hereby declare that the above information is correct and that our hockey club will not hold the tournament organizers responsible for any injuries or personal losses.

Team Representative Signature:

Registration Fee **due Jan. 31st:** **\$200.00**