|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Team Name:** | |  | | | | | |
| **Professional Association(s) Represented:** | |  | | | | | |
| **Team Rep Name(s):** | |  | | | **Contact Phone (s):** |  | |
| **Contact Email(s):** | |  | | | | | |
| **Total Team Registration Fee ($1000.00 + $50/non-member (2 Max.) Refer to Official Rules re: non-member eligibility** | | | | $ | | | |
|  | **Player Name** | | **Professional Association & Number (or Graduation Details)** | | | | **+ $50.00** |
| **1** |  | |  | | | |  |
| **2** |  | |  | | | |  |
| **3** |  | |  | | | |  |
| **4** |  | |  | | | |  |
| **5** |  | |  | | | |  |
| **6** |  | |  | | | |  |
| **7** |  | |  | | | |  |
| **8** |  | |  | | | |  |
| **9** |  | |  | | | |  |
| **10** |  | |  | | | |  |
| **11** |  | |  | | | |  |
| **12** |  | |  | | | |  |
| **13** |  | |  | | | |  |
| **14** |  | |  | | | |  |
| **…** | Add rows as required | |  | | | |  |

**\*\*\*Please return completed form by March 22, 2024 to Scott Moore. Email address: smoore@dillon.ca**