St. Catharines Chaos Girls Rep Hockey
4th Annual Tournament Registration Form

TEAM INFORMATION			
Team Name:			
OWHA Number:			
Organization:			
Division:		Level: AA A BB B C	
Team Sweater Colours:	"Home Body"	Trim	
	"Away Body"	Trim	

TEAM CONTACT INFORMATION			
Name:			
Address:			
City:			
Province/State:		Country:	
Postal/Zip Code:			
Phone:		Fax:	
E-mail Address:			

PLAYER INFORMATION
Please list players by Sweater Number

No.	***First Name***	***Last Name***	****C/A/G***

No.	*First Name*	*Last Name*	**G*

**Please indicate if player is Goalie (G)*

TEAM STAFF INFORMATION

Position	*First Name*	*Last Name*	*NCCP/HTCP Number*
Head Coach:			
Asst. Coach:			
Asst. Coach:			
Asst. Coach:			
Trainer:			
Manager:			***N/A***

Thanks for registering for the
St. Catharines Chaos Girls Rep Hockey 4th Annual Tournament

See You November 7th – November 9th!