

CMHA Tournament Application



Full Team Name: _____

Jersey Colours: Home: _____ Away: _____

Coach

Name: _____

Email: _____

Phone: _____

Manager

Name: _____

Email: _____

Phone: _____

****Select Tournament date below****

- | | |
|--|------------------------------|
| <input type="checkbox"/> October 14th, 2017 | Novice Rep Tournament |
| <input type="checkbox"/> October 14th, 2017 | Atom Rep Tournament |
| <input type="checkbox"/> December 16th, 2017 | Pewee Rep Tournament |
| <input type="checkbox"/> December 16th, 2017 | Bantam Rep Tournament |

****Please make sure the items below are included with this application form****

- A cheque in the amount of the tournament application fee made payable to CMHA or arrangement for e-transfer of funds to our treasurer. (treasurer@campbellfordcolts.com)
- A copy of your team's Approved OMHA roster is included with this application

Return To:

Rep. Tournament CMHA C/O Mike Mahoney 290 Concession Rd 8E Warkworth, ON K0K3K0 docmow@hotmail.com
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