DELBURNE MINOR HOCKEY ASSOCIATION
2018-2019 TOURNAMENT ENTRY FORM

_____ Tournament, Date _____

Entry fee is $_____ and guarantees three games.

Team Name	
Head Coach	
Assistant Coaches	
Team Manager	
Team Contact Number	
Team Colors	

TEAM ROSTER:

Player Number	Player Name (First Name then Last Name)	Date of Birth (MM/DD/YY)

Please email this form to the contact found under Tournaments on our Delburne Minor Hockey webpage. Contacts can also be found on the HA webpage under Tournaments
Please make cheques out to Delburne Minor Hockey and mail to:
DMHA
Box 267
Delburne, AB T0M0V0