

LMHA Tournament Team Application Form

Tournament Da	ite:	
Tournament Di Female) please ci	vision: rcle	(Male or
Team Name:		
Team Contact:	Name:	
	Phone:	
	Cell: (To be used in Lloydminster)	
	Fax:	
	E-mail	
Will your team ne	ed hotel accommodations?	
If so, how many ro	ooms?	
(Lloydminster Minor I required with a maxim	Hockey has pre-booked hotel accommodations & v rum of 20 per team.)	vill distribute rooms per teams as
Jersey Colors: Set	1 Set 2	
Travel permit obta	nined (If necessary)?	
How did you hear	about our tournament?	
		Payment will be

required once you have been accepted into the tournament.

Please make sure application is filled out in full.



Team Roster

Team Name:	(Including City)_	
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#	Player Name	Position
	-	

Coach:	
Assistant Coach:	
Assistant Coach:	
Manager:	