Team Registration Form

(For registering players and teams with Hockey Alberta. Please complete and submit to LMHA Registrar three business days before first league game, or November 15th, whichever occurs first.)

Team Name (in full)			
Division	Category	_ Date of 1 st League Game	
Team Colours: Away		Home	
TEAM CONTACT INFORMA	<u>ITION</u>		
Team Contact:		Position:	
Mailing Address:		Postal Code:	
City:	Email: _		
Home Phone:	Cell Phone:	Work Phone:	

<u>TEAM ROSTER</u> (Please record names alphabetically and put an asterisk beside goalies' names)

LAST NAME	FIRST NAME	Jersey # Allotted for Player for NEAHL	Position

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