**CONFIRMATION**

**of**

**TEAM WITHDRAWAL**

**TO**:

Team Name OWHA Division & Category OWHA Team #

Tournament Applicant’s Name (Coach, Manager, etc.) Tel #

**FROM**:

Local Tournament Chairperson/Convenor Tel #

TOURNAMENT NAME:

TOURNAMENT DATES:

*This is to confirm that we have received your notice of withdrawal from our tournament.*

DATE TEAM NOTIFIED US OF THEIR WITHDRAWAL:

 ENTRY FEE RETAINED - SEE OWHA RULE TWO (P)

 ENTRY FEE TO BE RETURNED VIA MAIL

 ENTRY FEE ENCLOSED

Date Signature of Tournament Chairperson/Convenor

**\*\* PLEASE RETAIN A COPY FOR YOUR RECORDS**