

APPLICATION FORM

ASSOCIATION: _____

TEAM NAME: _____

TEAM SPONSOR: _____

TEAM COLOURS

1ST SET BASIC _____

TRIM _____

2ND SET BASIC _____

TRIM _____

TEAM DIVISION

(check one)

TYKE _____

NOVICE _____

ATOM _____

PEEWEE _____

Bantam _____

GOVERNING BODY

(check one)

ALLIANCE _____

GTHL _____

OMHA _____

OTHER _____

NAME OF COACH	NAME OF MANAGER
ADDRESS	ADDRESS
TELEPHONE FAX	TELEPHONE FAX
EMAIL	EMAIL
I understand that current approved H.C.Rosters for all players and team officials must be presented to participate in the tournament. Signature	I understand that current approved H. C. Rosters for all players And team officials must be presented to participate in the tournament. Signature

Please return completed application form and cheque for entry fee of \$725.00 (payable to **Alf Langdon Play Hockey Fund**)

to Alf Langdon Memorial Tournament
381 Finkle St.
Woodstock, On
N4V 1A3

Permission of the _____ Minor Hockey Association has been granted to the Hockey Club to compete in the 2015 Alfred W. Langdon Memorial House League Tournament

SIGNATURE OF ORGANIZATION OFFICIAL: _____ TITLE: _____

NO REFUND FOR CANCELLATION OF ACCEPTED APPLICATIONS AFTER THE TEAM HAS BEEN NOTIFIED OF THEIR ACCEPTANCE.

