

SEND BACK YOUR APPLICATION

Canadian North Yellowknife Rec Hockey Tournament

Team Name: _____ Jersey Colour(s): 1st set ___ 2nd set ___
 Contact Name: _____ 2nd Contact: _____
 Phone Number: _____ Phone Number: _____
 Email: _____ Email: _____

Division Requested; please be reminded that the Tournament Committee reserves the right to move teams in the best interest of the tournament.

A Division	B Division	C Division	D Division	E Division
Canadian North	Independent Grocer	Lake Awry	Overlander	Medicine Shoppe

Expected Arrival Date and Time: _____

Teams are only registered when the fee is paid in full.
All players must be insured by Hockey Canada
 Contact: Paul Spensieri phone (416) 661-4422 or 661-7685
\$850 tournament fee if paid before March 10th; and \$950 after.



Jersey #	First Name	Surname

 Signed by Team Contact

Direct questions to Dan Schofield
 email: schofieldfam@northwestel.net
 Fax: (867) 873-0584
 Tel: (867) 445-2570

 Date

Cheques payable and mailed to:
 Yellowknife Rec Hockey Association
 9 Glowach Court
 Yellowknife, NT X1A 3M9