

SEND BACK YOUR APPLICATION

First Air Yellowknife Rec Hockey Tournament

Team Name: _____ Jersey Colour(s): _____

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
First Air

B Division
Independent

C Division
Lake Awry

D Division
Overlander

E Division
Medicine Shoppe

Expected Arrival Date and Time: _____

Teams are only registered when the full fee is paid

\$800 tournament fee if paid before March 19th; \$900 after March 19th

All players must be insured by Hockey Canada

Contact: Scott Campbell at scampbell@icesports.com or phone (416) 661-7685



Jersey #	First Name (print)	Surname (print)

Signed by Team Contact

Date

Direct questions to Dan Schofield
dan_schofield@gov.nt.ca
Fax: 867-873-0584
Phone: 867-445-2570

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