Mattawa Minor Hockey Association

P. O. Box 1005, Mattawa, ON, P0H 1V0
Phone-(705) 744-3083 Fax-(705) 744-3084

Registration Form

Team Name: _____
Classification Level: _____
Team Contact: _____
Address: _____
Phone #: _____ Fax#:_____
Email address: _____
Coach: _____ Asst Coach: _____
Trainer: _____ Manager: _____

We hereby register our team in the Mattawa Minor Hockey Association Bantam/Novice Tournament dated January 11th-13th 2008 and have enclosed a cheque or money order for $500.

We certify that all players are eligible to participate in this tournament and are registered to this team.

By signing this form the team representative, on behalf of their team, release the Association and Officials from any liability for the injury or accident which may be incurred by any player or team official while traveling to or from the tournament.

Team Authorized Signature: _____ Date: _____

All teams will be notified once registered and **Thank you** for your interest in our tournament.