



Registration Form

Division:	
Name of Team:	
Date of Tournament:	
Name of Tournament:	Angels on Ice
Home Jersey Colour:	
Visitor Jersey Colour:	
Permission Number	

Team Manager

Name:	
Address:	
City, Province/State:	
Telephone (Home):	
Telephone (Work or Cell):	
E-Mail:	
	Please submit a black & white or colour photo with your roster for the program.

Coaching Staff

	Name	Phone
Head Coach		
Assistant		
Assistant		
Safety Person		

Team Roster

		Home Association :	
		Team Name :	
		Division / Tier :	
		<i>Designate players as follows G=Goalie / C=Captain / A= Assistant</i>	
	Jersey #	Name (First/Surname)	Birth Date (D/M/YR)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
		Team Color:	
		Alternate Colors:	

- * Cheques to be payable to Langley Girls Hockey
- * Please submit a team photo
- * player changes can be made up to 10 days prior the tournament (no guarantee changes will be made to program)