MIDALE MINOR HOCKEY
2025 – 26 TOURNAMENT REGISTRATION FORM

Team Name:_____

Age Division:_____

City:_____

Team Colours: _____

Contact Name:_____

Contact Number:_____

Coach:_____

Assistant Coach:_____

Registration Form & Fees can be e-transferred to midaleminorhockey@yahoo.com

Please Add team name & Age Group of tournament in e-transfer

#	Player Name