

**Kaslo & District Minor Hockey Association**

**Tournament Application Form**

**\*Please print Clearly\***

Tournament Applied For: \_\_\_\_\_

**TEAM INFORMATION:**

Applicant Association: \_\_\_\_\_

Applicant Team Name: \_\_\_\_\_

Team Colors: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Email: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Email: \_\_\_\_\_

**TEAM OFFICIAL FOR TOURNAMENT CONTACT:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*PAYMENT MUST BE INCLUDED WITH THIS ENTRY FORM\***

Please make cheques payable to : Kaslo & District Minor Hockey Association (KDMHA)

We request that all tournament fees, applications and rosters be submitted at least 60 days in advance of the tournament your team would like to attend.

PLEASE SEND THE COMPLETED APPLICATION FORM WITH CHEQUE AND TEAM ROSTER TO:

KDMHA

PO Box 1064

Kaslo, BC

VOG 1M0