

North River Tournament - Tournament Name: _____

Dates: _____

Please mail registration form and cheque to:
North River Minor Hockey Association
c/o APM Centre, Cornwall, COA IHO

Team		Division	
Coach		Manager	
Address		Address	
Phone		Phone	
Email		Email	

Team Roster (list names in sweater # order - lowest to highest)

#	Name	Position	#	Name	Position