TEAM/PLAYER REGISTRATION FORM
FORMULAIRE D'INSCRIPTION POUR LES ECUIPES/JOUEURS

Date:_____

Name of Club: _____ **Province: NORTHWEST TERRITORIES**

Telephone # :
Home #:__(___)_____

Name of Team:_____ **Team Contact:**_____

Business #:__(___)_____

Address in Full:_____

Fax #:__(___)_____

PO Box # | Apt | Street | City | Province | Postal Code

TEAM CLASSIFICATION	MALE ☐	AGE CATEGORY		RECREATIONAL ☐	
	FEMALE ☐		SENIOR ☐	PROVINCIAL QUALIFICATION ☒	
	CO-ED ☐		JUNIOR ☐		

PLAYERS:	**SURNAME - FIRST NAME** (Please print)	**BIRTH DATE** (Year/Month/Day)	**ADDRESS IN FULL**	**CITY**	**POSTAL CODE**	**PHONE #**	**SIGNATURE**

TEAM STAFF: COACHES/TRAINERS/MANAGERS	ADDRESS:	PHONE #	SIGNATURE:

Registration Fee: $20.00 per player/coach