

ENTRY FORM

Return by October 26, 2015 to:

BOB MERKLEY MEMORIAL REGIONAL SILVER STICK TOURNAMENT

c/o Ross McConnell, Tournament Registrar

616 Randles Crescent

Midland, Ontario L4R 4V4

Telephone (705) 526-3634

Bantam/Midget – Nov 27th Nov 28th Nov 29th, 2015

Novice/Atom/PeeWee – Dec 4th Dec 5th Dec 6th, 2015

Name of Team: _____

Division: Novice: _____ Bantam: _____

Atom: _____ Midget: _____

PeeWee: _____

Classification: "A" _____ "BB" _____

City or Town: _____ Population: _____

Name of League: _____

Name of Convener: _____ Telephone# of Convener: _____

COACH

MANAGER

Name: _____

Name: _____

Address: _____

Address: _____

Town: _____ Postal Code: _____

Town: _____ Postal Code: _____

Telephone: (H) _____ (Cell) _____

Telephone: (H) _____ (Cell) _____

Fax: _____

Fax: _____

E'mail address: _____

E'mail address: _____

Primary Contact: _____

Cell # of Primary Contact _____

Sweater Colours

Home Body: _____

Visitor: Body _____

Trim: _____

Trim: _____