



LANGTON AND AREA MINOR HOCKEY TOURNAMENT REGISTRATION

TOURNAMENT DATE: _____

DIVISION: _____

REP / LOCAL LEAGUE: _____

TEAM CONTACT INFORMATION

CENTER: _____

OMHA CLASSIFICATION: _____

TEAM NAME: _____

TEAM COLOURS: _____

NAME OF TEAM CONTACT: _____

TELEPHONE #: _____

EMAIL: _____

***Please mail tournament payment, contact information, completed team list along with OMHA approved team roster to tournament contact.**

***Registration will only be guaranteed when payment is received by tournament contact.**