



Team Registration Form

TEAM NAME: _____

DIVISION: _____

Team Representatives:

Name: _____ Address: _____

Daytime Tel.# _____

Evening Tel.# _____

Cell # _____

Name: _____ Address: _____

Daytime Tel.# _____

Evening Tel.# _____

Cell # _____

Team Roster:

Name	Tel.#	e-mail
1.		
2.		
3.		
4.		
5.		
6.		
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18.		
19.		
20.		

It is the responsibility of the team reps. to ensure that all players are at least 19 years of age by May 2, 2009.
All team players must be residents of Windsor & Essex County.

Team Rep. Signature _____ Date: _____

YOU CAN SAVE LIVES!

Register as an organ & tissue donor with OHIP. Visit your local OHIP office or download a donor form at www.giftoflife.on.ca and then discuss your wishes with your family.