

MITCHELL METEORS TOURNAMENT INFO SHEET
October 17, 18 & 19, 2014

TEAM NAME: _____

Team #: _____

Team Contact:

Name: _____

Street: _____

City/Town: _____

Prov/State: _____

P.C./Z.C.: _____

Division:

Novice B _____ C _____ HL _____

Atom B _____ C _____ HL _____

Peewee B _____ C _____

Bantam B _____ C _____

Midget B _____ C _____

Please Mark the appropriate Division and Category

Coach: _____

Phone: _____

Fax: _____

Email: _____

Manager: _____

Phone: _____

Fax: _____

Email: _____

Team Colours:

Home _____ Away _____ .

Please send Cheque (payable to Mitchell Minor Sports) and forms to:

Diane Taylor

P.O. Box 687

Mitchell, Ontario

N0K 1N0

Phone: (519)348-4996

Email: mmwht12@hotmail.com

MITCHELL METEORS TOURNAMENT TEAM ROSTER

TEAM: _____

OWHA TEAM #: _____

Sweater Number	Name (please print)	Birthdate
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Bench Staff:

Coach: _____

Asst Coach: _____

Trainer: _____
