

**Port Dover Bantam/Midget Tournament
Oct 23-25, 2015**

Registration Form

Team Centre and

Name: _____

Bantam _____ **Midget** _____

Are you part of the OMHA? _____yes _____no

If no then list your organizations affiliation _____

Your organizations category (BB-D) _____

Team contact information:

Name: _____

Position: _____

Address: _____

Phone number(s): _____

Email: _____

Please send this form along with your registration cheque to

John Cooper
1260 St Johns Rd W RR #2
Simcoe ,On
N3Y 4K1
Email: johncooper@kwic.com
Phone: 1-519-420-7162

Your Spot is not confirmed until cheque is received by PDMHA.