EDMONTON INVITATIONAL U15 AA TOURNAMENT OF CHAMPIONS
REGISTRATION FORM

Team Name___________________________________League________________________________

League or Team website: www. ____

Coach____ Asst. Coach ____________________________

Asst. Coach___________________________________ Trainer__________________________________

Manager______________________________________ Phone (H) ______________ (W) ______________

Mailing Address_______________________________Province_________________ P.C.____________

Fax_______________ Email______________________________ Category AAA or AA (circle please)

PLEASE PRINT AND FILL OUT FORM COMPLETELY (Numerical order)

#	Name of Player	YOB		Position