



TORONTO AEROS YOUTH HOCKEY CLUB

TORONTO AEROS MARK WOSZCZYNA MEMORIAL SPRING CLASSIC

22-25 MARCH 2018 tournament@torontoaeros.ca

Sanction Permit # 5289

3 GAMES GUARANTEED

CATEGORY: _____ AGE GROUP _____

LEAGUE: _____ DIV/CAT: _____

TEAM NAME: _____

JERSEY COLOURS: HOME _____ AWAY _____

CONTACT PERSON: _____

ADDRESS: _____

City _____ Prov./State _____ POSTAL CODE: _____

TEL# Bus: _____ Res/Cell: _____ E-MAIL: _____

It is understood and agreed that by accepting this application the **Toronto Aeros Youth Hockey Club** and/or its Sponsors, Directors and members assume no liability and can not be held responsible any shape or form for Injuries or other losses direct or indirect as a result of participation in or travelling to or from said tournament. All coaches, managers, assistant coaches, legal representatives and team officials, hereby agree and will abide By all tournament rules and regulations as set forth by the tournament committee.

DATE: _____ TEAM OFFICIAL NAME & SIGNATURE: _____

IMPORTANT:

1. Full payment must accompany this application form:
Minor Atom to Peewee \$1099.00 CND or \$999.00 US
Minor Bantam to Midget \$1199.00 CND or \$1099.00 US
2. No refunds after a team has been accepted (no exception). Teams will be notified of acceptance after application and payment has been received.
3. Please mail the application and payment to:

Toronto Aeros Youth Hockey Club
5 Grenfell Cresscent
Markham, Ontario, Canada, L3P 1S6
EMAIL: tournament@torontoaeros.ca
Phone Number: 416-624-5125

PLAYERS REGISTRATION FORM

Please print or type clearly

TEAM NAME: _____

DIVISION: _____

| NUMBER | PLAYER First Name | Last Name | BIRTHDATE DD/MMM/YY |
|--------|----------------------|-----------|------------------------|
| _____ | _____ | _____ | ___/___/___ |
| _____ | _____ | _____ | ___/___/___ |
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| _____ | _____ | _____ | ___/___/___ |
| _____ | _____ | _____ | ___/___/___ |

COACH: _____ Tel #: _____ Email : _____

ASSISTANT COACH: _____ Tel #: _____

ASSISTANT COACH: _____ Tel #: _____

MANAGER: _____ Tel #: _____ Email # _____

TRAINER: _____ Tel #: _____ E-Mail _____