

Havelock Minor Hockey Association

P.O. Box 519 ,Havelock, ON, K0L 1Z0

TOURNAMENT APPLICATION OMHA Sanctioned Tournament

Name of Team and City or Town: _____

OMHA Classification (B, C, D, etc): _____

Division: _____

Contact: _____

Phone Number: _____ Email: _____

Team Colours - Home : _____ Away: _____

****Please make sure the items below are included with this application form****

- * A cheque in the amount of the tournament application fee made payable to Havelock Minor Hockey Association.
- * A copy of your team's official OMHA roster
- * A completed copy of the team roster sheet

Coaching Staff Information

Position	Please Print
Coach	
Trainer	
Manager	
Assistant Coach	
Assistant Trainer	

