Team Registration Form

Province		**Team Division**	
Team Name			
Contact		**Position**	
Daytime Phone Number			
Evening Phone Number			
E-mail address			

Jersey#	Please print clearly the names of the players First Name Last Name	Goalie (G) Captain (C) Alternate Goalie (AG) Assistant Captain (AC)	Please include position: Forward Center Defence

Coach	
Coach	
Coach	
Manager	
Trainer	

Please complete the Team Registration Form and return before March 15, 2008 to Brian Crandell at crandell@telus.net - Fax: 250.964.8814