



Wasaga Beach Minor Hockey Association
PO Box 351
Wasaga Beach, ON L9Z 1A4
www.wasagaminorhockey.com

Tournament Entry Form

Town: _____ OMHA Classification: _____
OMHA Town Contact: _____ Phone Number: _____
Team Entered: _____ Age Level: _____
Jersey Colors: _____ 2nd Set: _____
Coaches Name: _____ Phone Number: _____
Manager's Name: _____ Phone Number: _____
Contact Name: _____ Phone Number: _____
Please include one contact e-mail address: _____

Please PRINT all player's names CLEARLY on the 2nd page.

Please enclose completed entry form, OMHA Roster Sheet and Tournament
Registration Fee and Return it to:

Wasaga Beach Minor Hockey
C/O Kathy Walden
PO Box 351
Wasaga Beach, ON
L9Z 1A4

Please indicate on the envelope
"Tournament Entry"



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PO Box 351
Wasaga Beach, ON L9Z 1A4
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Team Name: _____ Town: _____

Players Names (please Print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____