

# WBMHA TOURNAMENT ENTRY FORM

Town: \_\_\_\_\_ OMHA Classification: \_\_\_\_\_

OMHA Centre Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Team entered: \_\_\_\_\_ Age level: \_\_\_\_\_

Team Name: \_\_\_\_\_

Sweater Colors: \_\_\_\_\_ 2<sup>nd</sup> Set: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Managers name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please include one contact e-mail address: \_\_\_\_\_

Please **PRINT** all players' names **CLEARLY** in the space below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

PLEASE ENCLOSE ENTRY FORM, OMHA ROSTER SHEET AND TOURNAMENT  
REGISTRATION FEE AND RETURN IT TO:

Kathy Walden, Vice President WBMHA  
(Please indicate "Tournament Entry" on envelope)  
100 Silver Birch Ave  
Wasaga Beach, Ontario  
L9Z 1N8