APPLICATION FORM
(Please Print)

Category

Team Name

League

Colours

Contact Person

Address

City Province Postal Code

Home Phone # Business Phone #

Fax #

E-Mail Address

It is understood that in accetpance of our team in the Bill Buss Tournament, it is agreed that the tournament sponsors and Applewood Hockey assume no liability for injuries or loss.

Signed by Coach

Signed by Manager

Date

TEAM APPLICATION FORM

Name of Team

League

	Sweater # in Order	Player's Name
G		
G		

Coach:
Asst. Coach:
Asst. Coach:
Trainer:
Manager:

Office Use:
Appl. Received on:
Fee Received:
Team Accepted:
Team Notified:
Schedule Sent: