Elaine Irwin Memorial U15 Tournament Registration Form 2022

Minor Hockey Cer	ntre:		
Age Category: U1	5		
Competition Leve	l: Local League		
Team Contact Per	rson:		
Contact Phone (co	ell):		
Contact Email:			
# of Players:			
# of Coaching Sta	ff:		
Please forward pa	ayment for \$500 as follov	vs:	
Mail Cheque	Ken Irwin Box 436 Lucknow, ON NOG 2H0	(payable to L.A.W.S) cheques will be cashed upon receipt	
E-transfer	Email to: <u>LucknowLaws@hotmail.com</u> Password: LAWS2022 In message please put U15 and team name		
Forward complete	ed registration form with	payment	
Email to: bkirwin@hurontel.on.ca			FOR OFFICE USE ONLY
Fax to: 519-395-3963 to attention of Cheryl		l Johnston	□ Paid□ Travel Permit□ Roster□ Schedule sent