



**2020 Midland Civitan
Heritage Canada Day Tournament
Tournament Registration Form**

Team Information:

Organization: _____

**Team Name &
Number:** _____

Division: (circle) Tyke 8U Novice 10U Peewee 12U

Bantam 14U Midget 16U

Preliminary Ranking : (circle one) **C D E**

**** if more than one team in your organization of the same age group - please state team number 1, 2 or 3 – this eliminates confusion when creating schedule****

When package is complete please send with cheque payable to Huronia Braves Lacrosse to:

Huronia Braves Lacrosse

c/o Sherri Thayer

527 Len Self Blvd.

Midland, ON L4R 5N6

Team Name: _____

| # | Players name |
|-----|--------------|
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2020 Midland Civitan

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*** We require this information to ensure we can contact your team in an urgent situation! ****

| | |
|-----------------|--|
| Division: | |
| Team: | |
| Coach Name: | |
| Coach #: | |
| Manager Name: | |
| Manager #: | |
| Alternate Name: | |
| # | |
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Thank you for participating in the

2020 Midland Heritage Civitan Canada Day Tournament