

GGH CLASSIC

TOURNAMENT REGISTRATION FORM



GOLDEN GLIDE HOCKEY INC.
4000 Chesswood Dr. 2nd Floor Toronto, ON M3J 2B9
416-707-4951
hockey@goldenglidehockey.com

Team Name:	
-------------------	--

Year & Division:	
-----------------------------	--

Jersey Colour:	
-----------------------	--

Coach: (Name, Phone Number & Email)	
---	--

Manager: (Name, Phone Number & Email)	
---	--

Trainer: (Name, Phone Number & Email)	
---	--

Other: (Name, Phone Number & Email)	
---	--

Name

Signature

Date

Team Roster

Player Name		Jersey Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

