



**2010 MALE PROGRAM OF EXCELLENCE  
REGIONAL PRE-REGISTRATION FORM**  
14 year old Players Born in 1995

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Province: Manitoba Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2008-09 Team: \_\_\_\_\_

Position: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shot: L or R

**In Case of Emergency:**

Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Medical Number: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

Please fax the Pre-Registration Form to your respective Regional Director Cup Male Program Contact:

Region	Contact	Fax Number and E-mail (if avail.)
Norman	Brian Danielson Mts 687-7817	FAX: 1-204-687-7817 <a href="mailto:bdanielson@explornet.com">bdanielson@explornet.com</a>

If you have any question regarding the Male POE, please contact your Regional Director.

Thank you.