



**2011/ 2012 DIRECTOR'S CUP
REGIONAL PRE-REGISTRATION FORM**
13 year old Players Born in 1998

Name: _____

Address: _____ Date of Birth: _____

City: _____ Province: Manitoba Code: _____

Telephone: _____ E-Mail: _____

2010-11 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	Ken Gladden Mts 652-5578	652-5197 nrmha@mts.net

If you have any question regarding the Director's Cup, please contact your Regional Director.

Thank you.