



**2011/ 2012 Program Of Excellence  
REGIONAL PRE-REGISTRATION FORM**  
14 year old Players Born in 1997

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

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

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

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

2011-12 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 Program Of Excellence Contact:

Region	Contact	Fax Number and E-mail (if avail.)
Norman	Ken Gladden Mts 652-5578	652-5197 <a href="mailto:nrmha@mts.net">nrmha@mts.net</a>

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

Thank you.