



**2019/20 Directors Cup Prospects Program
REGIONAL PRE-REGISTRATION FORM**

1st year – Male Bantam Born 2006

Name: _____

Address: _____ Date of Birth: _____

City: _____ Province: Manitoba Code: _____

Telephone: _____ E-Mail: _____

2019 /20 Team: _____

Position: _____

Height: _____ Weight: _____ Shot: L or R

In Case of Emergency:

Contact: _____ Relation: _____

Telephone: _____ Alternate Number: _____

Medical Number: _____ Personal Health Number: _____

Please fax or email the Pre-Registration Form to:

Region

Contact

Fax Number and E-mail

204-623-6250

Norman

Rene Gagnon

204-358-0492

Email – renegagnon96@gmail.com

- ron.larocque@ckpi.com

If you have any questions regarding the Male Bantam Directors Cup program, please contact your Regional Director or local contacts.

Thank you.