



**2022/23 Directors Cup Prospects Program
REGIONAL PRE-REGISTRATION FORM**
1st year – Male U14 Born 2009

Name: _____

Address: _____ Date of Birth: _____

City: _____ Province: Manitoba Code: _____

Telephone: _____ E-Mail: _____

2022 /23 Team: _____

Position: _____

Height: _____ Weight: _____ Shot: L or R

In Case of Emergency:

Contact: _____ Relation: _____

Telephone: _____ Alternate Number: _____

Medical Number: _____ Personal Health Number: _____

Please email the Pre-Registration Form to:

Region	Contact	E-mail
Norman	Brett Pearson 1 (204) 271-2182	Email – developmentnrha@gmail.com ron.larocque@ckpi.com

If you have any questions regarding the Male U14 Directors Cup program, please contact your Regional Director or local contacts.

Thank you.