



2023/24 Directors Cup Prospects Program REGIONAL PRE-REGISTRATION FORM 1st year - Male U14 Born 2010

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:				
•		Relation:		
Telephone:	Alternate	Number:		
Medical Number:	Personal Health	Number:		
Please email the Pre-Reg	istration Form to:			
Region	Contact	E-mail		
Norman	Brett Pearson 1 (204) 271-2182	Email –	developmentni	rha@gmail.com
		ron	.larocque@ckpi.o	com

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

Thank you.