



Shelburne Minor Hockey Association
Tournament Application Form

Town _____

OMHA Classification
(ie:CC/B/C/DD) _____

Team Name _____

Division(ie:LL/Rep) _____

Sweater Colours _____ 2nd Set _____

Coach Name _____ Telephone _____

Team Contact _____ Telephone _____

Team Contact's email address _____

Full mailing address _____

Applications will not be considered until payment is received with a completed application and **signed roster** at which time you will receive a confirmation from our tournament director.

Cheques payable to "SMHA"

Submit cheques and applications to:

SMHA
c/o Lisa Purdy
706141 County Rd. 21, Box 43
Honeywood, Ontario
L0N 1H0
(519) 925-0896
nllapurdy@hotmail.com

