



2010 – 2011 WINNIPEG MINOR TEAM REGISTRATION FORM



Team Name _____ Division (Midget, Bantam Female, etc.) _____ Category (AAA, AA, A1, A2, A3) _____

Team E-mail _____

#	SURNAME	GIVEN NAME	M/F	D.O.B. M/D/Y	MAILING ADDRESS / CITY	PC	PHONE #	LAST TEAM REGISTERED	FAMILY EMAIL
1									
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#	SURNAME	GIVEN NAME	M/F	D.O.B. M/D/Y	MAILING ADDRESS / CITY	PC	HOME #	WORK #	CERTIFICATION LEVELS ATTAINED	EMAIL
1	Head Coach								IP C D HP RIS/SO S	
2	Asst. Coach								IP C D HP RIS/SO S	
3	Asst. Coach								IP C D HP RIS/SO S	
4	Asst. Coach								IP C D HP RIS/SO S	
5	Manager								IP C D HP RIS/SO S	
6	Safety								IP C D HP RIS/SO S	
7	Athletic Therapist/Trainer									

ASSOCIATION REGISTRAR/PRESIDENT SIGNATURE _____

DATE APPROVED _____