



TEAM TOURNAMENT REGISTRATION FORM

TOURNAMENT DATE	DIVISION
YOUR HOME ASSOCIATION	YOUR TEAM NAME
YOUR TEAM MANAGER	ADRESS/POSTAL CODE
PHONE	E-MAIL-confirmation via e-mail
YOUR TEAM COACH	ADRESS/POSTAL CODE
PHONE	E-MAIL-confirmation via e-mail

Please list all participating players, coaches & managers on the **Team Roster** and forward with payment (cheque made out for \$500.00)/registration.

Cheques to be made out to: Kelowna Minor Lacrosse Association – Box 21172 Orchard Park Postal Outlet, Kelowna, B.C. V1Y 9N8

By signing this registration form the team manager and coach releases the Kelowna Minor Lacrosse Association and all officials associated with the tournament from any liability for any injury or accident which may be incurred by a player or team official while travelling to, during or travelling from the tournament.

By signing this registration form the team manager and coach also declare that the team being registered is a regularly structured team in their association and not one made up of select players.

This application does not constitute an acceptance into the tournament. Any team who has applied and is not accepted will be refunded their application fee or have their cheque returned immediately. Teams that cancel within three weeks of the tournament date may be subject to forfeiture of their entry fee or a penalty if another team cannot be found as a replacement.

Date _____ Signature of Team Manager _____

Date _____ Signature of Team Coach _____

