Nelson Minor Hockey Association
Tournament Player Roster Form

Tournament:	
Association:	
Team Name:	

Coach's Name:	Phone:	Email:

Manager's Name:	Phone:	Email:

Team Sweater Colours:	Alt Colours:

No.	First Name	Last Name	DOB (YYYY-MM-DD)	Hockey ID

PLEASE ENCLOSE WITH TOURNAMENT APPLICATION FORM AND MAIL TO:

Nelson Minor Hockey Association
PO Box 766
Nelson, BC V1L 5R4

Tournament Director: Derek Best – dbest@telus.net