



LEWISVILLE MINOR HOCKEY ASSOCIATION JAMBOREE
REGISTRATION FORM
 March 13-15, 2019
Cost: \$600.00

Association: _____

Level: ☐ IP 1 ☐ IP2 ☐ NV1 ☐ NV2

Team Name: _____

Jersey Color: _____

Manager's Name: _____

Email Address: _____ Phone Number: _____

Coach's Name: _____

Email Address: _____ Phone Number: _____

Please mail registration form and
cheque to:

P.O. Box 23016
 Moncton, NB
 E1A 6S8

TEAM ROSTER

	Name	Jersey #	Date of Birth (YYYY-MM-DD)
1			
2			
3			
4			
5			
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17			