



2017 DIRECTOR'S CUP PROSPECTS REGIONAL PRE-REGISTRATION FORM

13 year old Players Born in 2003

Name: _____

Address: _____ Date of Birth: _____

City: _____ Province: Manitoba Code: _____

Telephone: _____ E-Mail: _____

2016-17 Team: _____

Position: _____

Height: _____ Weight: _____ Shot: L or R

In Case of Emergency:

Contact: _____ Relation: _____

Telephone: _____ Alternate Number: _____

Medical Number: _____ Personal Health Number: _____

Please fax or email the Pre-Registration Form to your respective Regional Director Cup Prospects Male Program

Contact:

| Region | Contact | Fax Number and E-mail (if avail.) |
|--------|----------------------------------|-----------------------------------|
| Norman | Mike Kohli Mts (204) 995-1386 | (204) 676-3340 kohli@mymts.net |

If you have any question regarding the Director's Cup, please contact your Regional Director.
ron.larocque@tolko.com

Thank you.