EDMONTON INVITATIONAL BANTAM TOURNAMENT OF CHAMPIONS
REGISTRATION FORM

Team Name_____League_____

League or Team website: www. _____

Coach_____ Asst. Coach _____

Asst. Coach_____ Trainer_____

Manager_____ Phone (H) _____ (W) _____

Mailing Address_____Province_____ P.C._____

Fax_____ Email_____

PLEASE PRINT AND FILL OUT FORM COMPLETELY (Numerical order)

#	Name of Player	YOB		Position