

Yukigassen Team Registration Forms

Orillia Winter Carnival 2017



Team Name: _____

Colour _____ Division _____

Team Representative _____

Coach: _____

Phone: _____ Alt phone: _____

Email: _____

Address: _____ City: _____ Prov: _____

Team Roster

	First Name	Last Name	Gender
1			
2			
3			
4			
5			
6			
7			
8			
9			
C			



Please be aware that there are personal waivers to be filled out the day of the event for every participant.

Special Note:

Payment information:

Type of Payment: _____