



The Brave Raiders 19th Annual Spring Tournament REGISTRATION/TEAM ROSTER

TEAM NAME & NUMBER	
CLUB/ASSOCIATION	
LEAGUE	

COACH'S NAME	PHONE NUMBER	EMAIL ADDRESS	CELL NUMBER
MANAGER'S NAME	PHONE NUMBER	EMAIL ADDRESS	CELL NUMBER
ADDITIONAL STAFF NAMES	PHONE NUMBER	POSITION	TEAM COLORS
			HOME (e.g. White/Black Red)
			AWAY (e.g. Black/White/Red)

Player Count	PLAYER'S NAME (last name first)	POSITION	Jersey Number	CAPTAINS AND ASSIST CAPTAINS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Mail this form along with payment, a copy of your team hard card to the address below or drop off with Divison contact.
Cheques are made payable to "Brave Raiders". No post date cheques will be accepted.**

**Mailing address:
Brave Raiders Spring Tournament
PO Box 50067
RPO Clareview
Edmonton AB T5Y 2R7**