



Atlantic Cup 2016 Team Registration Form

July 30 & 31, 2016. Halifax Nova Scotia Canada

Team Name: _____
 Team Manager: _____
 Address: _____
 City: _____ Postal Code: _____
 Telephone: (H) _____ (W) _____ (C) _____
 Email: _____ Fax: _____
 Uniform / Sock Color: _____ / _____

Players: (Maximum 18 Players)

- | | |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

Division: Open Junior

Fees: \$650 CAD **Late Fee:** \$50

Cheque payable to: Field Hockey Nova Scotia **Due by:** July 8th, 2016.

Signature: _____

Please send to: Lori Ann Andrews
 37 Scotch Pine Terrace
 Halifax Nova Scotia
 B3S 1E2
 (H) 902-479-0563 (W) 902-496-5861
Email: mlsandrews@bellaliant.net

PLEASE NOTE: Once registration has been received, teams will be subjected to a \$100.00 non-refundable administration fee should they cancel their attendance before July 8/16. Registration fees cannot be refunded to teams cancelling after July 8, 2016.