***REGISTRATION FORM***

(1 per team)

PROVINCE-STATE:

Team’s name:

Coach’s name(s):

The name and number of each player:

|  |  |  |
| --- | --- | --- |
| **#** | **First name** | **Last name** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

##### **CONTACT PERSON**

NAME:

PHONE NUMBER:

email address:

**What kind of transportation are you going to use?**

*a. Plane*

*b. Ground transportation (van, car):*

*c. Other:*

**Time of arrival in Halifax:**

**Time of departure from Halifax:**