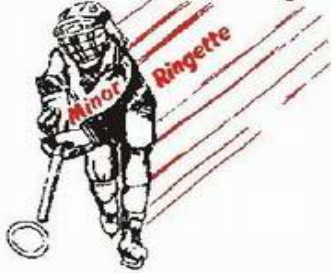


# Stratford



**January ,22, 23, & 24 2010**  
**Jackie Miles Memorial**  
**Ringette Tournament**  
**Stratford, Ontario**

## **REGISTRATION FORM**

### **Contact Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title (coach/bench staff) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

### **Team Information**

Team Name \_\_\_\_\_

Division \_\_\_\_\_

Level of Play (AA, A, B, C) \_\_\_\_\_

League \_\_\_\_\_

Jersey Colours: Colour 1 \_\_\_\_\_

Colour 2 \_\_\_\_\_

### **Bench Staff**

**First Name Last Name Bench Title**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Please mail completed form along with TRF**  
**and Cheque to:**  
**Stratford Ringette Tournament**  
**158 Perth St.**  
**Stratford On.**  
**N5A 3Y4**

