**Simcoe Father’s Day Tournament**

**Friday, June 14 – Sunday, June 16**

**D/E**

**Peewee & Bantam**

**To Register:** Please complete the following registration form and submit along with payment to Simcoe Minor Lacrosse Association.

**Games:** All registered teams will be guaranteed 3 games. Each game will consist of 3 periods of 15 minutes each.

**Entry Fee & Payment:**  $750/team. Please submit registration form by mail to:

Len Brackenbury,

226091 Otterville Road,

Otterville, ON

N0J 1R0

Only complete registration forms accompanied by payment will be considered registered.

Payment is accepted by e-transfer or Peloton.

**Structure:**  Games will start on Friday afternoon and finish on Sunday afternoon, exact times will depend on number of teams registered for each division. If possible scheduling will take into consideration travel distance.

For additional information for the tournament check our website at <https://simcoeminorlacrosse.ca> or our Facebook page or contact Len Brackenbury at [lenbrack@hotmail.com](mailto:lenbrack@hotmail.com) or 416-567-2633.

**Registration Form**

TEAM INFORMATION

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Team number mandatory)

Age Division (please circle) **PEEWEE BANTAM**

Preliminary Rating:  **D \_\_\_\_ E \_\_\_\_**

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Simcoe Father’s Day Tournament**

**We require this information to ensure we can contact your team in an urgent situation**

**DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COACH NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_**­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COACH CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ALTERNATIVE CONTACT**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your participation in the**

**Simcoe Father’s Day Tournament**

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

lenbrack@hotmail.com