



Zurich Thunder Tournament Application Form

Team Name: _____ Age Level _____ OMHA Classification: _____

Contact Name: _____ Address: _____

Phone: _____ E-Mail: _____

Coach: _____ # _____ Trainer: _____ # _____

Manager: _____ # _____ Asst. Coach: _____ # _____

Sweater Colour: Home _____ Away _____

Player List (please print)

	PLAYER NAME	HOME #	AWAY #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			