

## MITE & SQUIRT GIRLS SELECT SATURDAY JUNE 23rd, 2018 TOURNAMENT



Please indicate the division you would like to register for! Please remember; first come, first serve!! Space is limited!! ☐ Mite Girls ☐ Squirt Girls **OSSTA Number:** Date Submitted: **Association Name:** Team Name: Coach (s) Names: Address: **Email Address: Phone Number:** Have you entered into any Rep Tournaments this year? ☐ Yes ☐ No \*\*Please send completed registration to the address or email below, along with payment and a copy of your insurance.\*\* Upon WSSA receiving your registration and payment, you will receive a confirmation email along with a welcome package. Roster will be due prior to your first game. Schedules will be emailed out approximately one (1) week prior to the tournament date. Please remit Cheque payment to; W.S.S.A. C/O: Lisa Wilcox

> L4A 8A3 Email: ask@wssa.ca

Stouffville Arena P.O. Box 1332, Stouffville, ON