



Team Information

First Nation: _____

Team Name: _____

Team Colour: _____

Alternate Colour: _____



Contact Information

Main Contact Name: _____

Phone: _____

Cell: _____

Other: _____

Email: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Alt. Contact Name: _____

Phone: _____ Cell: _____

Other: _____

Email: _____

**TO ENTER PLEASE COMPLETE THE REGISTRATION FORM AND SIGNED PAYMENT OPTIONS FORM.
PRIZE PAYOUT IS BASED ON 12 TEAMS.**