



# RINGETTE EUROPEAN TOUR REGISTRATION FORM

## PLAYER INFORMATION

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

BIRTHDATE Day \_\_\_ Month \_\_\_ Year \_\_\_

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

Position: \_\_\_\_\_ Shoot/Catch: \_\_\_\_\_

Last Winter Team: \_\_\_\_\_ League & Level: \_\_\_\_\_

Winter Coach: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Last Spring Team: \_\_\_\_\_ Level: \_\_\_\_\_

Spring Coach: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## CONTACT INFORMATION

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Main e-mail: \_\_\_\_\_

### FATHER

Father name: \_\_\_\_\_ Father mobile: \_\_\_\_\_

Father work phone: \_\_\_\_\_ Father e-mail: \_\_\_\_\_

### MOTHER

Mother name: \_\_\_\_\_ Mother mobile: \_\_\_\_\_

Mother work phone: \_\_\_\_\_ Mother e-mail: \_\_\_\_\_

## ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD

By filling out this application you are agreeing to receive information regarding the Ringette Europe Tour and related emails from team coaches, managers and the tour company, Azorcarn Global.



## FAMILY TOUR PASSENGER LIST

Please print clearly and make sure that names are spelled EXACTLY as they are on the passport.

Please give your manager a copy of each passenger's passport page that has each person's photo and info.

Each passenger will also have an optional medical form in case of an emergency.

### PASSENGER 1 - PLAYER

First Name:	BIRTHDATE	Day	Month	Year
Last Name:	SEX (please check one)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Passport Number:	Citizenship:			
Allergies or special meals:				

### PASSENGER 2

First Name:	BIRTHDATE	Day	Month	Year
Last Name:	SEX (please check one)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Passport Number:	Citizenship:			
Allergies or special meals:				

### PASSENGER 3

First Name:	BIRTHDATE	Day	Month	Year
Last Name:	SEX (please check one)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Passport Number:	Citizenship:			
Allergies or special meals:				

### PASSENGER 4

First Name:	BIRTHDATE	Day	Month	Year
Last Name:	SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Passport Number:	Citizenship:			
Allergies or special meals:				

### PASSENGER 5

First Name:	BIRTHDATE	Day	Month	Year
Last Name:	SEX (please check one)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Passport Number:	Citizenship:			
Allergies or special meals:				