



FIRST NATION VOYAGEURS 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 FIRST NATION VOYAGEURS Hockey Tour and related emails from team coaches, managers and the tour company, Azorcan Global.

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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 ___	Female ___
Passport Number:	Citizenship:			
Allergies or special meals:				

PASSENGER 2

First Name:	BIRTHDATE	Day	Month	Year
Last Name:		SEX (please check one)	Male ___	Female ___
Passport Number:	Citizenship:			
Allergies or special meals:				

PASSENGER 3

First Name:	BIRTHDATE	Day	Month	Year
Last Name:		SEX (please check one)	Male ___	Female ___
Passport Number:	Citizenship:			
Allergies or special meals:				

PASSENGER 4

First Name:	BIRTHDATE	Day	Month	Year
Last Name:		SEX	Male ___	Female ___
Passport Number:	Citizenship:			
Allergies or special meals:				

PASSENGER 5

First Name:	BIRTHDATE	Day	Month	Year
Last Name:		SEX (please check one)	Male ___	Female ___
Passport Number:	Citizenship:			
Allergies or special meals:				