



**2024-2025 DIRECTORS CUP  
REGIONAL REGISTRATION FORM**

**2011 Birthyear.**

**Tryout-Jan 25<sup>th</sup>**

**2:45pm-4pm & 4:30pm-5:45pm**

**Creighton Sportex**

**\$50.00**

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2023 / 24 Team: \_\_\_\_\_

Position: \_\_\_\_\_

Shot: L or R

In Case of Emergency:

Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Medical Number: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

Please image or email the Pre-Registration Form to:

Region	Contact	Cell Number and E-mail
Norman	Brett Pearson	1 (204) 271-2182 <a href="mailto:developmentnrha@gmail.com">developmentnrha@gmail.com</a>
	Tanner Brough	<a href="mailto:directornrha@gmail.com">directornrha@gmail.com</a>

If you have any question regarding the Directors Cup Development program, please contact your Regional Director.  
Thank you.