MHA TEAM ORDER FORM
2018-2019

Association: ______________________ **Zone:** ______________________

Registrar: ______________________ **Registrar Phone #:** ______________________

President: ______________________ **President Phone #** ______________________

ORDER DEADLINE: OCTOBER 15

DIVISION	**STREAM** (if applicable) Male (M) Female (F)	**RANK WITHIN DIVISION** (i.e. 1st, 2nd, etc)	**TEAM NAME** (MUST start with MHA name) Format: MHA / Division / Rank / Sponsor, Team Name, Color	**LEAGUE**
Atom	M	1	Anytown Atom 1 Blue	Example League of Alberta
Atom	M	2	Anytown Atom 2 Purple	Example League of Alberta

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