Dauphin Minor Hockey

GAME DAY SHEET

AGE GROUP and TEAM NAME: _____

MANAGER NAME: _____

MANAGER Contact info: _____

DATE and TIME of GAME:

_____

Total AMOUNT of Deposit:

$ _____

SPLIT OUT AS FOLLOWS:

50/50:

$ _____

Door/Gate:

$ _____

Please deliver Cash/Cheques IN ENVELOPE to: MNP FRONT DESK - Attention: Salome Steenkamp