

ALTERNATE SEASON TEAM REGISTRATION FORM

April 1st – July 15th

HOCKEY SASKATCHEWAN

#2 - 575 PARK STREET- REGINA, SK S4N 5B2

PH: 306-789-5101 EMAIL: derekd@hockeysask.ca

TEAM NAME: _____ **CENTRE:** _____ **AGE CLASS:** _____

(ie: U11, U15)

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	BIRTHDATE MONTH - DAY - YEAR			2023-24 WINTER TEAM
1.Goalie								
2.Goalie								
3.								
4.								
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17.								
18.								
19.								
20.								
21.								

****PLEASE PRINT CLEARLY - FILL OUT ENTIRE FORM (INCLUDING MAILING ADDRESS) - THANK YOU****

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	PHONE #	E-MAIL ADDRESS *Manager will be emailed approved roster*
MANAGER							
COACH							
ASS'T COACH							
ASS'T COACH							
TRAINER							
STICK BOY							
OTHER							

TEAM FEE.....**\$50.00**

PLAYER FEE – if registered in the 2023-24 Winter Season..... X \$10.00 = _____

PLAYER FEE – if not registered in the 2023-24 Winter Season..... X \$54.00 = _____

TEAM OFFICIAL FEE – if registered in the 2023-24 Winter Season..... X \$10.00 = _____

TEAM OFFICIAL FEE – if not registered in the 2023-24 Winter Season..... X \$54.00 = _____

TOTAL - \$ _____

DATE: _____

SIGNATURE OF TEAM OFFICIAL: _____

OFFICE USE ONLY

DATE APPROVED:

General Manager: