

HOCKEY SASKATCHEWAN 2023-24 JUNIOR C TEAM REGISTRATION FORM

TEAM NAME: CENTRE:	LEAGUE:
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Please Print Clearly – Fill out entire form (including mailing address & postal code)

GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	YEAR		LAST TEAM PLAYED FOR	OPTIONAL INSURANCE IF YES, PLACE " X"

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET OR BOX #	CITY/ TOWN	POSTAL CODE	PHONE #	B-DAY M/D/Y	EMAIL ADDRESS	
MANAGER									
СОАСН									
ASS'T COACH									
TRAINER									
STICK BOY									
(B) Insural Cor - Pa - Ea - Te	(A) Team Membership Fee (B) Insurance Premiums: Compulsory Insurance Premiums: - Participant Fee, Liability A.D. & D Each Player # of Individuals X \$54.00 = \$ Team Official/Bench Personnel # of Individuals X \$54.00 = \$ (C) Optional Insurance Premiums:								
- Major Medical & Dental - Each Player - Full Face Mask (please note which players on Page 1) # of Individuals X \$12.00 =									
If Optional Insurance is purchased it may be purchased on a Per Person Basis (C) \$									
TOTAL PAYABLE TO HOCKEY SASKATCHEWAN (A + B + C) =\$									
PAYMENT (ci	rcle one) Vis	sa Mastercard	Credit Card #			E	piry Date	/	
DATE: SIGNATURE OF TEAM OFFICIAL:									
OFFICE USE ONLY									
	DATE APPROVED: GENERAL MANAGER:								