



2023-24 PARA/SLEDGE HOCKEY TEAM REGISTRATION FORM

HOCKEY SASKATCHEWAN
#2 - 575 PARK STREET- REGINA, SK S4N 5B2
PH: 306-789-5101 EMAIL: derekd@hockeysask.ca

TEAM NAME: _____ **CENTRE:** _____ **AGE CLASS:** _____
(ie: Junior, Intermediate, Senior)

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	BIRTHDATE MONTH - DAY - YEAR		
1.Goalie							
2.Goalie							
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25.							

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	PHONE #	EMAIL
MANAGER							
COACH							
ASS'T COACH							
ASS'T COACH							
TRAINER							
STICK PERSON							
OTHER							

TEAM FEE.....\$50.00

PLAYER FEE..... X \$30.00 = _____

TEAM OFFICIAL FEE..... X \$30.00 = _____

TOTAL - \$ _____

PAYMENT (Please Circle Credit Card Type): Visa Mastercard

Credit Card Number: _____ Expiry Date: ___/___

DATE: _____

SIGNATURE OF TEAM OFFICIAL: _____

OFFICE USE ONLY

DATE APPROVED:

General Manager: