



HOCKEY SASKATCHEWAN  
#2 - 575 PARK STREET, REGINA SK S4N 5B2  
PHONE: (306)789-5101

**SENIOR ADDITION APPLICATION**

PLEASE PRINT CLEARLY: FILL OUT ENTIRE FORM INCLUDING MAILING ADDRESS & POSTAL CODE

NAME IN FULL (FIRST, LAST) \_\_\_\_\_

MAILING ADDRESS: Street/Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DATE OF BIRTH: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

LAST TEAM REGISTERED WITH: \_\_\_\_\_ Year: \_\_\_\_\_

TEAM TO BE ADDED TO: TEAM NAME: \_\_\_\_\_

SENIOR LEAGUE: \_\_\_\_\_

ADDED TO TEAM AS: (Please Circle One) Player / Goalie / Coach / Ass't Coach / Manager / Trainer / Stick Person

Has the Insurance Premium been paid already for the 2023-24 season? YES  By Whom: \_\_\_\_\_

NO  If **NO** Amount Enclosed → (Mandatory \$54)  
(Optional \$43 – half visor, \$12 – full cage)

Credit Card (Circle One) VISA MASTERCARD \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

Team Official Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

HS General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**SENIOR DELETION APPLICATION**

NAME IN FULL (FIRST, LAST) \_\_\_\_\_

MAILING ADDRESS: Street/Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DATE OF BIRTH: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

TEAM TO BE DELETED FROM: TEAM NAME: \_\_\_\_\_

SENIOR LEAGUE: \_\_\_\_\_

Team Official Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

HS General Manager: \_\_\_\_\_ Date: \_\_\_\_\_