

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								
COACH								
ASS'T COACH								
TRAINER								
OTHER								

(A) Team Membership Fee (A) \$ 150.00

(B) Insurance Premiums:

Compulsory Insurance Premiums:

- Each Player _____ # of Individuals X \$54.00 = \$ _____

(Participant Fee, Liability, A.D. & D.)

- Team Official/Bench Personnel _____ # of Individuals X \$54.00 = \$ _____ (B) \$ _____

(C) Optional Insurance Premiums: (Can be purchased on a per person basis)

Major Medical & Dental:

- Each Player - Half Visor _____ # of Individuals X \$43.00 = _____

- Each Player - Full Mask (please note which players on Page 1) _____ # of Individuals X \$12.00 = _____ (C) \$ _____

TOTAL PAYABLE TO HOCKEY SASKATCHEWAN

(A + B + C) = \$ _____

PAYMENT (check one) - Visa MasterCard

Credit Card Number _____ - _____ - _____ - _____ Expiry Date ____/____

DATE: _____

SIGNATURE OF TEAM OFFICIAL: _____

OFFICE USE ONLY

DATE APPROVED:

HOCKEY SASKATCHEWAN GENERAL MANAGER:

