

HOCKEY SASKATCHEWAN SENIOR TEAM REGISTRATION FORM 2023-24

TEAM NAME:	CENTRE:	LEAGUE:				
PLEASE PRINT CLEARLY - FILL OUT ENTIRE FORM (INCLUDING MAILING ADDRESS & POSTAL CODE) - THANK YOU						

	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS (STREET OR BOX)	CITY/TOWN	POSTAL CODE	BIRTHDATE (MM-DD-YY)	LAST TEAM PLAYED FOR	OPTIONAL INSURANCE (IF "YES", PLACE "X")
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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 AD	DRESS
MANAGER									
СОАСН									
ASS'T COACH									
TRAINER									
OTHER									
(B) Insurance	(A) Team Membership Fee (B) Insurance Premiums: Compulsory Insurance Premiums: - Each Player # of Individuals X \$54.00 =\$								\$ <u>150.00</u>
(Participan	(Participant Fee, Liability, A.D. & D.) - Team Official/Bench Personnel # of Individuals X \$54.00 = \$ (B) \$							\$	
Major Medica - Each Player -	(C) Optional Insurance Premiums: (Can be purchased on a per person basis) Major Medical & Dental: - Each Player - Half Visor								
TOTAL PAY	TOTAL PAYABLE TO HOCKEY SASKATCHEWAN (A + B + C) = \$								
PAYMENT (chec	ck one) - Visa 🔾	MasterCard (Credit Card I	Number					e/
D	DATE: SIGNATURE OF TEAM OFFICIAL:								
OFFICE USE ONLY	DFFICE USE ONLY DATE APPROVED: HOCKEY SASKATCHEWAN GENERAL MANAGER:								