

## HOCKEY SASKATCHEWAN 2024-25 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)\*

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE YEAR MONTH DAY		LAST TEAM PLAYED FOR	OPTIONAL INSURANCE IF YES, PLACE " X"
1.Goalie								
2.Goalie								
3								
4								
5								
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11								
12								
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23								
24								
25								

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								
(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 \$10.00 =								
*If Optional Insurance is purchased it may be purchased on a Per Person Basis*  (C) \$  TOTAL PAYABLE TO HOCKEY SASKATCHEWAN (A + B + C) =\$								
Payment Noti	ce: An invoice will	be sent via QuickB	ooks. You can securely pa	y using a cre				
through the QuickBooks platform.								
DATE: SIGNATURE OF TEAM OFFICIAL:								
OFFICE USE ONLY								
DATE APPROVED: GENERAL MANAGER:								