



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								
STICK BOY								

(A) Team Membership Fee

(A) \$175.00

(B) Insurance Premiums:

Compulsory Insurance Premiums:

- Participant Fee, Liability A.D. & D.

- Each Player

# of Individuals \_\_\_\_\_ X \$67.00 = \$ \_\_\_\_\_

- Team Official/Bench Personnel

# of Individuals \_\_\_\_\_ X \$67.00 = \$ \_\_\_\_\_

(B) \$ \_\_\_\_\_

**(C) Optional Insurance Premiums:**

- Major Medical & Dental

- Each Player - Full Face Mask (please note which players on Page 1)

# of Individuals \_\_\_\_\_ X \$12.00 = \_\_\_\_\_

\*If Optional Insurance is purchased it may be purchased on a Per Person Basis\*

(C) \$ \_\_\_\_\_

**TOTAL PAYABLE TO HOCKEY SASKATCHEWAN**

**(A + B + C) = \$ \_\_\_\_\_**

An Invoice will be sent to you via Quickbooks once this form is processed.

DATE: \_\_\_\_\_

SIGNATURE OF TEAM OFFICIAL: \_\_\_\_\_

**OFFICE USE ONLY**

DATE APPROVED:

GENERAL MANAGER: