

## HOCKEY SASKATCHEWAN 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	YEAR	BIRTHDAT MONTH D	E	LAST TEAM PLAYED FOR	OPTIONAL INSURANCE IF YES, PLACE " X"
(LAST NAIVIE)	(FIRST NAIVIE)	ВОХ		CODE	TEAR	INIONIH D	AT I	PLATED FOR	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 ADDRESS
MANAGER								
СОАСН								
ASS'T COACH								
TRAINER								
STICK BOY								
Coi - Pa - Ea - Te	nce Premiums: mpulsory Insurance articipant Fee, Lial ach Player eam Official/Bence onal Insurar Medical & Denta	h Personnel		luals luals	X \$67.00 = \$ X \$67.00 = \$	<b>5</b>	-	(B) \$
•			te which players on	Page 1)	# of Indi	viduals	X \$12.0	0 =
*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:								
	SE ONLY							
OFFICE US	DE CINLT							