



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")
1	Goalie							
2	Goalie							
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

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 \$67.00 = \$ _____

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

- Team Official/Bench Personnel

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

(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) = \$ _____

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

DATE: _____

SIGNATURE OF TEAM OFFICIAL: _____

OFFICE USE ONLY

DATE APPROVED:

HOCKEY SASKATCHEWAN GENERAL MANAGER: