

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								
BENCH PERSON								

(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: