



HOCKEY SASKATCHEWAN
 #2 - 575 PARK STREET, REGINA SK S4N 5B2
 PHONE: (306)789-5101 FAX: (306)789-6112

ADDITION APPLICATION

PLEASE PRINT CLEARLY: FILL OUT ENTIRE FORM INCLUDING MAILING ADDRESS & POSTAL CODE

NAME IN FULL (FIRST, LAST) _____

MAILING ADDRESS: Street/Box: _____

City/Town: _____ Postal Code: _____

DATE OF BIRTH: Year: _____ Month: _____ Day: _____

LAST TEAM REGISTERED WITH: _____ Year: _____

TEAM TO BE ADDED TO: TEAM NAME: _____

SENIOR LEAGUE: _____

ADDED TO TEAM AS: (Please Circle One) Player / Goalie / Coach / Ass't Coach / Manager / Trainer / Stick Person

Has the Insurance Premium been paid already for the 2022-23 season? YES By Whom: _____

NO If **NO** Amount Enclosed \$ _____

Credit Card (Circle One) VISA MASTERCARD

Card # _____ Exp. Date ____ / ____ Signature _____

Team Official Signature _____ Title _____ Date _____

General Manager: _____ Date: _____

DELETION APPLICATION

NAME IN FULL (FIRST, LAST) _____

MAILING ADDRESS: Street/Box: _____

City/Town: _____ Postal Code: _____

DATE OF BIRTH: Year: _____ Month: _____ Day: _____

TEAM TO BE DELETED FROM: TEAM NAME: _____

SENIOR LEAGUE: _____

Team Official Signature _____ Title _____ Date: _____

General Manager: _____ Date: _____