2021-22 FEMALE LEAGUE REGISTRATION FORM

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

LEAGUE NAME: _____

ADDRESS: Street/Box: _____City/Town: _____

Postal Code: _____Website:_____

PRESIDENT: _____

ADDRESS: Street/Box: _____City/Town:_____ Postal Code:

_____Email:_____

Telephone: (Res:)_____(Bus:)_____(Fax:)_____

SECRETARY: _____

ADDRESS: Street/Box: _____City/Town:_____

Postal Code: _____Email:_____

Telephone: (Res:)_____(Bus:)_____(Fax:)_____

REFEREE-IN-CHIEF: _____

Telephone: (Res:)_____(Bus:)_____(Email:) _____

OTHER EXECUTIVE SECTION

OTHER EXECUTIVE (Please List)

_____
_____
_____

League Membership Fee: ……..$25.00

PAYMENT TYPE

Please attach cheque or provide credit card information and email, fax or mail to the Hockey Saskatchewan office.

Please Circle Type of Card: Visa MasterCard American Express

Credit Card Number **__ __ __ __-__ __ __ __- __ __ __ __- __ __ __ __ Expiry Date __ __/__ __**