

HOCKEY SASKATCHEWAN SENIOR FEMALE TEAM REGISTRATION FORM 2021-22

TEAM NAME: _____ CENTRE: _____ CATEGORY: _____ LEAGUE: _____

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE MONTH – DAY - YEAR			LAST TEAM PLAYED FOR
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.								

PLEASE PRINT CLEARLY - FILL OUT ENTIRE FORM (INCLUDING MAILING ADDRESS & POSTAL CODE) - THANK YOU

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET OR BOX #	CITY/TOWN	POSTAL CODE	PHONE #	B-DAY M/D/Y			E-MAIL ADDRESS
MANAGER										
COACH										
ASS'T COACH										
TRAINER										
STICK BOY										

CENTERS (3.01.03 & 3.01.06)	POPULATION (RURAL MUN. DIR.)
1. SPONSORING CENTER:	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL POPULATION	

TEAM FEE: \$ _100.00__

INSURANCE: # OF PLAYERS _____ X \$45.00 = \$ _____ (A) # OF TEAM OFFICIALS _____ X \$45.00 = \$ _____ (B) A+B = \$ _____

TOTAL RECAP FOR TEAM FEES AND INSURANCE TOTAL \$ _____

DATE: SIGNATURE OF TEAM OFFICIAL:

PAYMENT Visa MASTERCARD AMERICAN EXPRESS Credit Card Number _____ - _____ - _____ - _____ Expiry Date ____/____

OFFICE USE ONLY

DATE APPROVED:

General Manager: