HOCKEY SASKATCHEWAN 2021-22 JUNIOR C TEAM REGISTRATION FORM

TEAM NAME:CENTRE:LEAGUE:_	
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SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE YEAR MONTH DAY		LAST TEAM PLAYED FOR	OPTIONAL INSURANCE IF YES, PLACE " X"	
1.Goalie									
2. Goalie									
3									
4									
5									
6									
7									
8									
9									
10									
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20									
21									
22									
23									
24									
25									

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										
СОАСН										
ASS'T COACH										
TRAINER										
STICK BOY										
(B) Insural Cor - Pa - Ea	(A) Team Membership Fee (B) Insurance Premiums: Compulsory Insurance Premiums: - Participant Fee, Liability A.D. & D. - Each Player # of Individuals X \$45.00 = \$ - Team Official/Bench Personnel # of Individuals X \$45.00 = \$ (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 Op	*If Optional Insurance is purchased it may be purchased on a Per Person Basis* (C) \$									
TOTAL PAYABLE TO HOCKEY SASKATCHEWAN (A + B + C) =\$										
PAYMENT – Visa Mastercard Amex - Credit Card # Expiry Date /										
DATE: SIGNATURE OF TEAM OFFICIAL:										
OFFICE USE ONLY										
DATE APPROVED: GENERAL MANAGER:										