

2021-22 JUNIOR 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
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<p align="center">PAYMENT TYPE</p> <p align="center">Please attach cheque or provide credit card information and email, fax or mail to the Hockey Saskatchewan office.</p> <p align="center">Please Circle Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Credit Card Number _____-_____-_____-_____ Expiry Date ____/____</p>
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