

**2022-23 MINOR LEAGUE REGISTRATION FORM**

**HOCKEY SASKATCHEWAN**

#2-575 PARK STREET

REGINA, SASKATCHEWAN S4N 5B2

PHONE: (306) 789-5101

**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 or mail to  
the Hockey Saskatchewan office.

Please Circle Type of Card:      **Visa**      **MasterCard**

**Credit Card Number**    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Expiry Date**    \_\_\_/\_\_\_

\* Please note that we do NOT accept Visa debit cards or American Express