

2021-22 MINOR 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 ____/____