

## HOCKEY SASKATCHEWAN SENIOR TEAM REGISTRATION FORM 2021-22

TEAM NAME: \_\_\_\_\_ CENTRE: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

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

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE MONTH – DAY - YEAR	LAST TEAM PLAYED FOR	OPTIONAL INSURANCE IF YES, PLACE " X"
1. Goalie							
2. Goalie							
3							
4							
5							
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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								
COACH								
ASS'T COACH								
TRAINER								
STICK BOY								

(A) Team Membership Fee (A) \$ 150.00

(B) Insurance Premiums:

Compulsory Insurance Premiums:

- Each Player \_\_\_\_\_ # of Individuals X \$45.00 = \$ \_\_\_\_\_

- Participant Fee, Liability A.D. & D.

- Team Official/Bench Personnel \_\_\_\_\_ # of Individuals X \$45.00 = \$ \_\_\_\_\_ (B) \$ \_\_\_\_\_

(C) Optional Insurance Premiums: (Can be purchased on a per person basis)

- Major Medical & Dental

- Each Player - Half Visor \_\_\_\_\_ # of Individuals X \$43.00 = \_\_\_\_\_

- Each Player - Full Mask (please note which players on Page 1) \_\_\_\_\_ # of Individuals X \$12.00 = \_\_\_\_\_

(C) \$ \_\_\_\_\_

**TOTAL PAYABLE TO HOCKEY SASKATCHEWAN**

**(A + B + C) = \$ \_\_\_\_\_**

PAYMENT  Visa  MasterCard  American Express Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Expiry Date \_\_\_\_/\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF TEAM OFFICIAL: \_\_\_\_\_

OFFICE USE ONLY

DATE APPROVED:

HOCKEY SASKATCHEWAN GENERAL MANAGER: