

2022-23 SLEDGE HOCKEY TEAM REGISTRATION FORM

HOCKEY SASKATCHEWAN
#2 - 575 PARK STREET- REGINA, SK S4N 5B2
 PH: 306-789-5101 EMAIL: derekd@hockeysask.ca

TEAM NAME: _____ **CENTRE:** _____ **AGE CLASS:** _____
 (ie: Junior, Juvenile)

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	BIRTHDATE MONTH - DAY - YEAR		
1.Goalie							
2.Goalie							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
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13.							
14.							
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16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	PHONE #
MANAGER						
COACH						
ASS'T COACH						
ASS'T COACH						
TRAINER						
STICK BOY						
OTHER						

TEAM FEE.....**\$50.00**

PLAYER FEE..... X \$25.00 = _____

TEAM OFFICIAL FEE..... X \$25.00 = _____

TOTAL - \$ _____

PAYMENT: **Visa Mastercard Credit Card Number:** _____ - _____ - _____

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

Expiry Date __/__/__

DATE: _____

SIGNATURE OF TEAM OFFICIAL: _____

OFFICE USE ONLY

DATE APPROVED:

General Manager: