



2021-22 SLEDGE HOCKEY TEAM REGISTRATION FORM

HOCKEY SASKATCHEWAN

#2 - 575 PARK STREET- REGINA, SK S4N 5B2

PH: 306-789-5101 FAX: 306-789-6112 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.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

