Registration Form

Player Information

Name_____DOB_____
Last First
Address_____City_____Zip_____
Phone Number_____

Parent Information

Fathers Name_____
Address_____City_____Zip_____
Phone (Home)_____(Cell)_____
E-mail_____
(would you like your e-mail posted on the AIH website for members? Y/N)

Mothers Name_____
Address_____ City_____ Zip_____
Phone (Home)_____(Cell)_____
Primary e-mail address_____
Secondary e-mail address_____

TO BE COMPLETED BY REGISTRAR

REG. FEE: _____

PAYMENT: _____

TOTAL: _____

PAID BY:

CHECK#:_____

CASH
RECEIPT#:_____

INITIATION CROSS-ICE MITE SQUIRT

PEEWEE BANTAM MIDGET GIRLS

REGISTRATION FORMS RECEIVED? Y N

USA HOCKEY REG. FORM RECEIVED? Y N

USA HOCKEY RECEIPT #_____

RAFFLE TICKET #'S _____

DATE: _____

REGISTRAR:_____