

WEST FERRIS MINOR HOCKEY ASSOCIATION INC.

PLAYER INFORMATION AND APPLICATION FORM
2010-2011 HOCKEY SEASON

* IF THE FOLLOWING INFORMATION IS INCORRECT OR MISSING PLEASE MAKE *
* THE NECESSARY CORRECTIONS ON THIS FORM. THIS FORM MUST BE COMPLETED*
* SIGNED AND EITHER MAILED WITH YOUR FULL PAYMENT OR DELIVERED TO THE*
* ARENA AT THE TIME OF REGISTRATION. I AGREE TO ABIDE BY THE RULES *
* AND POLICYS OF WEST FERRIS MINOR HOCKEY ASSOCIATION. *

NAME _____

ADDRESS _____

Is this the same address as last year: YES NO

CITY _____

POSTAL CODE _____

PHONE _____

DATE OF BIRTH _____

PARENTS _____

LAST TEAM _____

LAST DIVISION _____

Please accept this registration for the 2010 - 2011 hockey season.

Enclosed is the FULL REGISTRATION PAYMENT as outlined below.

SIGNED _____
(PARENT)

FULL AMOUNT _____

ENCLOSED: CASH _____ CHEQUE _____ VISA _____

MONEY ORDER _____

FAMILY DISCOUNT: 2ND CHILD _____ 3RD CHILD _____ 4TH CHILD _____

VISA CARD NUMBER _____

EXPIRY DATE _____