

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 \_\_\_\_\_