



## HESPELER MINOR HOCKEY ASSOCIATION 2017-2018 REGISTRATION FORM

PLAYER INFORMATION		
Player last name:		Player first name:
Birth date:	Sex:	Goalie:
/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address:		Home phone no.: ( )
City	Province	Postal Code

REGISTRATION INFORMATION			
Early Bird Registration (If registering by June 30 <sup>th</sup> )		Regular Registration	
<input type="checkbox"/> Birth year 2013 - \$200	<input type="checkbox"/> 3 <sup>rd</sup> + player \$200	<input type="checkbox"/> Birth year 2013 - \$200	<input type="checkbox"/> 3 <sup>rd</sup> + player \$200
<input type="checkbox"/> Birth year 2010 to 2012 - \$400	<input type="checkbox"/> 3 <sup>rd</sup> + player \$320	<input type="checkbox"/> Birth year 2010 to 2012 - \$435	<input type="checkbox"/> 3 <sup>rd</sup> + player \$348
<input type="checkbox"/> Birth year 2000 to 2009 - \$500	<input type="checkbox"/> 3 <sup>rd</sup> + player \$400	<input type="checkbox"/> Birth year 2000 to 2009 - \$575	<input type="checkbox"/> 3 <sup>rd</sup> + player \$460
Willing to Volunteer:			
<input type="checkbox"/> Hockey Mom <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Olympic Tournament			
<input type="checkbox"/> I am Interested in becoming a Board Member <input type="checkbox"/> I am Interested in Sponsoring a Team			

PARENT INFORMATION	
Parent last name:	Parent first name:
We need your help. Please select all areas you are willing to help with.	
<input type="checkbox"/> Hockey Mom <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Olympic Tournament	
<input type="checkbox"/> I am Interested in becoming a Board Member <input type="checkbox"/> I am Interested in Sponsoring a Team	
Patient/Guardian signature _____ Date _____	

FOR OFFICE USE	
Amount Due: \$ _____	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
Received by: _____	Card Type: _____ Expiry date: _____
	Name on Card: _____ Cardholder Signature: _____