

Howick Minor Hockey Registration Form 2015/2016 Season

Parent / Guardian In	formatio	n				Optimist Club		5		
Mother's Name							Players address same as Mother's Y / N			
Street Name and (Fire) Number					Town	Postal code				
elephone (home)	Te	elephone (cell)		Email	Address					
ather's Name						Player	s address sa	me as Father's	Y / N	
Street Name and (Fire) Number (same)					Town	Postal Code				
elephone (home)	Telephone (cell)				Email Addres	Email Address				
Divisions - Registrat	ion Fees									
3) Fami First year	ly rate \$900	0.00 maximum	nents – postdated of registration in equificate required, N	al pay	ments - postdat	ed: Septemb	er 1, 2015 an	nd November 1		
Player Information ast Name		First Name		Dato	f hirth		Division	Fee		
ast Name		i iist ivaine		Date of birth		/MM/YYYY	DIVISION	1 66		
ast Name		First Name		Date of birth		,	Division	Fee	Fee	
ast Name		First Name			of birth	/MM/YYYY	Division	Fee		
					DD/MM/YYYY					
ast Name	First Name		Date of birth			Division	Fee			
A Fund Raising deposit chec	ue for \$150) per plaver (m	nax. \$300 per famil	lv)	DD/ Add \$50 late fe	'MM/YYYY e after June 1	5/2015			
A Fund Raising deposit cheque for \$150 per player (max. \$300 per family) Adorequired. Postdated January 31/2016					, taa	Fotal \$				
The undersigned and a permission to photograused for future advertis	ph and id	entify the pla	_		-				_	
Parent/Guardian Signature						Date				
Office use only			Cont		T =		E and Date to	-l	T HAA Lettede	
New player Birth Certificate Right of choice checked	Pa	yment option 1 2 3	Cash Cheque Card Amount (max \$800 per fam	ily)	Tax receipt is Yes No	suea	received Yes No (max \$300 p	В	HAA Initials	