

# HOCKEY SATURDAY SEMINAR 101 REGISTRATION



|                          |  |
|--------------------------|--|
| <b>PLAYERS NAME:</b>     |  |
| <b>DATE OF BIRTH:</b>    |  |
| <b>PARENTS NAME:</b>     |  |
|                          |  |
| <b>STREET ADDRESS:</b>   |  |
| <b>CITY, STATE, ZIP:</b> |  |
|                          |  |
| <b>EMAIL ADDRESS:</b>    |  |
| <b>HOME PHONE:</b>       |  |
| <b>CELL PHONE:</b>       |  |

**PAID:**

**INT:**

**CHECK: \_\_\_\_\_ CHECKNUMBER: \_\_\_\_\_**

**OR CASH: \_\_\_\_\_**