

MANIWAKI MINOR HOCKEY ASSOCIATION

REGISTRATION FORM 2011/2012

Player Information

Family Name : _____ Given : _____

Address : _____ Municipality : _____

Postal Code : _____ Health Card No. _____

Tel : (_____) _____ - _____ Date of birth: ____/____/____
Year Month Day

DIVISION : _____ **Cost:** _____ \$ **Mode of payment** _____

Parental information

Name and given name of father : _____

Address (if different) : _____

Postal Code : _____ Tel : (_____) _____ - _____ email : _____

Name and given name of mother : _____

Address (if different) : _____

Postal Code : _____ Tel : (_____) _____ - _____ email : _____

Signature of parent or guardian (OBLIGATORY)

Date

An NSF cheque cancels the registration and a \$ 25.00 service charge will be apply.

IMPORTANT : One registration form for each child.

Return registration form to : Maniwaki Minor Hockey Association
P.O. Box 461 Maniwaki (Qc) J9E 3G9