٨			inor Hockey		г		
GH HOVE	NRP Registration Form 2018-20					Office Use Only:	
						Rec'd	
	St. Thomas, ON N5R 6A1					Body Checking	
		519-631-36	507 www.s	stmha.net	l		
PLAYERS INFORI	ΜΔΤΙΟΝ·						
			Last Name	2:			
Address:	Address: City:						
Postal Code:	Postal Code: Date of Birth // / Gender: M/F Goalie: YES NO						
Phone #:		Fm	nail:				
Home Centre:							
* NRP Passport mus	t be included with	completed registi	ration – players w	ill not be allowed	on the ice without o	ne.	
PARENT/GUARD	DIAN INFORMAT	TION:					
Name:	Name:Cell #						
Email:			[I am interested	d in helping out as a Coo	ach/Trainer	
News			6.				
Name:			Ce	II #			
Email:			[I am interested	in helping out as a Coa	ch/Trainer	
DIVISION: Please	check one						
	M. Pee Wee	Pee Wee	M. Bantam	Bantam	Midget		
	2007	2006	2005	2004	2003-2001		
2016-2017 REGISTRATION FEES:						Amount	
					Registration Fee	Paid	
General Registration Fee – – For All Players.					\$590		
Cheques will only be cashed if player is selected.							
Tryout Fee - DATED May 1st - For players trying out for ANY travel team Minor Peewee					\$85		
thru to Major Bantam		lavors truing out for	Minor or Major Mid	aat			
Tryout Fee - DATE Sept 1 st - For players trying out for Minor or Major Midget Body Checking Clinic – REQUIRED for M. Bantam players trying out for a Travel Team					\$55		
					Total Rec	eived	
I have read the ST	MHA Registration	Policies and I a	gree to the Cons	ent & Release co			
Signature of Parent	or Guardian		Date				
Complete to pay by cr	edit card:						
Name:		Card #			Exp:	CVD	
Office Use Only Paymen	t Information:	Method of Pay	ment: Cash 🔲 C	heque 🔲 Visa/N	/IC 🗆 Auth #		
Date Rec'd:	Rec'd B	Y Bd Member Initial	Paid E	Name on Credit C	ard or Cheque		
Date negistration Rech			Tryouts	Gen Reg	ard of cheque		
		Amount					
		Chq #					