			inor Hockey			Office Lice Only	
STAT OV	NRP Registration Form 2019-202					Office Use Only:	
						Rec'd	
	St. Thomas, ON N5R 6A1 519-631-3607 www.stmha.net					Body Checking	
PLAYERS INFOR							
First Name:			Last Name	2:			
Address:	Address: City:						
Postal Code:	Postal Code: Date of Birth / / Gender: M/F Goalie: YES NO						
Phone #:	Phone #: Email:						
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	ION:					
Name:	Name:Cell #Cell #						
Email:			C	I am interested	d in helping out as a Coo	ach/Trainer	
Name:			Ce	ll #			
Email:			[I am interested	in helping out as a Coad	ch/Trainer	
DIVISION: Please	check one						
	M. Pee Wee	Pee Wee	M. Bantam	Bantam	Midget	_	
	2008	2007	2006	2005	2004-2002		
				<u> </u>			
2016-2017 REGISTRATION FEES:					Registration Fee	Amount Paid	
General Registration Fee — – For All Players. Cheques will only be cashed if player is selected.					\$600		
Tryout Fee - DATED May 1st - For players trying out for ANY travel team Minor Peewee \$85 thru to Minor Midget \$25 The base DATE Could 4 st \$10							
	Tryout Fee - DATE Sept 1 st - For players trying out for Major Midget Body Checking Clinic – REQUIRED for M. Bantam players trying out for a Travel Team \$60						
Dody Checking Chine - Redoned Jor M. Buntani players dying out jor a mover realin					Total Rec	eived	
I have read the ST	MHA Registration	Policies and I a	gree to the Cons	ent & Release co	ntained therein:		
Signature of Parent Complete to pay by cro Name:	edit card:	Card #_	Date		Exp:	CVD	
Office Use Only Paymen	t Information:						
Date Rec'd:	Rec'd B		Paid E				
Date Registration Rec'o		Bd Member Initial	Tryouts	Name on Credit C	ard or Cheque		
		Amount	,				
		Chq #					