



## REGISTRATION FORM 2009-2010 SEASON

### PERSONAL INFORMATION

NAME:	DOB:
<input type="text"/>	
ADDRESS:	
<input type="text"/>	
CITY:	PC:
<input type="text"/>	
PHONE:	CELL:
<input type="text"/>	
EMAIL:	
<input type="text"/>	

### HOCKEY EXPERIENCE

YEARS PLAYED:	POSITION(S):
<input type="text"/>	
CERTS/CARDS:	
<input type="text"/>	
MINOR/REP HOCKEY: Y/N	LEVEL:
FRIEND/TEAM REQUEST:	
<input type="text"/>	

### FEE STRUCTURE

House	House/Int.	Intermediate	House/Veteran	Veteran
\$300	\$550	\$250	\$670	\$370

AMOUNT PAID: \_\_\_\_\_ CHEQUE# \_\_\_\_\_ CASH \_\_\_\_\_

JERSEY DEPOSIT: \_\_\_\_\_

### REFUNDS FOR SEASON-ENDING INJURIES & RELOCATIONS ONLY

By signing this registration form, I waive all liability against NIFHA, its executive, referees and volunteers in its operations of women's hockey.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Nanaimo Islanders Female Hockey Association