



REGISTRATION FORM 2009-2010

PERSONAL INFORMATION

NAME:	DOB:
ADDRESS:	
CITY:	PC:
PHONE:	CELL:
EMAIL:	

HOCKEY EXPERIENCE

YEARS PLAYED:	POSITION(S):
CERTS/CARDS:	
MINOR/REP HOCKEY: Y/N	LEVEL:
FRIEND/TEAM REQUEST:	

FEE STRUCTURE

House	House/Int.	Intermediate	House/Veteran	Veteran
\$300	\$460	\$200	\$610	\$350

Please indicate your preference for the 2009/10 season by circling one of the choices above. Also indicate whether you paid by cheque or with cash below:

Paid by (circle)? CHEQUE # _____? Or CASH

JERSEY DEPOSIT: TO BE ANNOUNCED AT SEPT 8TH REGISTRATION

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