



TEAM REGISTRATION

PRIMARY CONTACT

Name:	Email:
Address:	Phone:
City:	Alternate Phone:
Prov:	Postal Code:

SECONDARY CONTACT (if applicable)

Name:	Email:
Phone:	Alternate Phone:

TEAM INFORMATION

Season Start Date:	Season End Date:	
Age Level:	Gender:	Team Name:

TEAM ROSTER

PLAYER: Surname, Given Name	PLAYER: Surname, Given Name
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

COACHES

1	4
2	5
3	6

TOURNAMENTS

Tournament Attending	Date
1	
2	
3	
4	
5	

PAYMENT METHOD:	<input type="checkbox"/> Cheque/Money Order enclosed (payable to iPlayHockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	
	<input type="checkbox"/> Payment via Online Banking	Expiry Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	Signature (AUTHORIZATION) _____
Card Holder (PLEASE PRINT) _____		



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