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| YME | ☐ Payment via O | nline Banking | ☐ Cheque/Money Order enclosed (payable to CARHA Hockey) | | | |
|-----|----------------------------|---------------|---|-------------|--|--|
| | □ VISA □ MC EXPIRY | | ☐ E-transfer to payments@carhahockey.ca | | | |
| | CARD # | WW 7 T | # OF PARTICIPANTS | x \$12 = \$ | | |
| | (PLEASE PRINT) CARD HOLDER | | (authorization) SIGNATURE | | | |

contact CARHA Hockey.

Name additional insureds:

CARHA HOCKEY REGISTERED PLAYERS ACKNOWLEDGE THE RISK OF BEING INJURED WHILE PLAYING THE GAME OF HOCKEY. TEAM REP SIGNATURE:

DATE:

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