



REGISTRATION (2017/2018)

\$23/REFEREE

1	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
2	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
3	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
4	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
5	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
6	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
7	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO

PAYMENT METHOD:	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to CARHA Hockey)	# OF PARTICIPANTS _____ x \$23 = \$ _____
	<input type="checkbox"/> Payment via Online Banking	
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	Expiry Date _____
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____

REFEREE ASSOCIATION REP SIGNATURE: _____ DATE: _____

CARHA HOCKEY REGISTERED MEMBERS ACKNOWLEDGE THE RISK OF BEING INJURED WHILE PLAYING THE GAME OF HOCKEY.

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Suite 610, 1420 Blair Place, Ottawa, ON K1J 9L8

Tel: (613) 244-1989 / (800) 267-1854 • Fax: (613) 244-0451 / (866) 345-1975

hockey@carhahockey.ca

carhahockey.ca