## 2025-26 PARA HOCKEY TEAM REGISTRATION FORM

**HOCKEY SASKATCHEWAN**
**#2 - 575 PARK STREET- REGINA, SK S4N 5B2**
PH: 306-789-5101 EMAIL: derekd@hockeysask.ca

**TEAM NAME:** _____ **CENTRE:** _____ **AGE DIVISION:** _____
**(ie: Junior, Intermediate, Senior)**

| SURNAME (LAST NAME) | GIVEN NAME (FIRST NAME) | MAILING ADDRESS: STREET ADDRESS OR BOX # | CITY / TOWN, PROVINCE | POSTAL CODE | BIRTHDATE MONTH - DAY - YEAR | | |
|---|---|---|---|---|---|---|---|
| 1.**Goalie** | | | | | | | |
| 2.**Goalie** | | | | | | | |
| 3. | | | | | | | |
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| 24. | | | | | | | |
| 25. | | | | | | | |
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| TEAM OFFICIAL | SURNAME (LAST NAME) | GIVEN NAME (FIRST NAME) | MAILING ADDRESS STREET ADDRESS OR BOX # | CITY / TOWN, PROVINCE | POSTAL CODE | PHONE # | EMAIL |
|---|---|---|---|---|---|---|---|
| MANAGER | | | | | | | |
| COACH | | | | | | | |
| ASS'T COACH | | | | | | | |
| ASS'T COACH | | | | | | | |
| TRAINER | | | | | | | |
| STICK PERSON | | | | | | | |
| OTHER | | | | | | | |

**TEAM FEE……..$50.00**

**PLAYER FEE…….._____X $30.00 = _____**

**TEAM OFFICIAL FEE…….._____X $30.00 = _____**

**TOTAL - $_____**

**You will receive an invoice via Quickbooks once this form is processed.**

**DATE: _____** **SIGNATURE OF TEAM OFFICIAL:_____**

**OFFICE USE ONLY** **DATE APPROVED:** **General Manager:**