



Fairview's 4th Annual
4 on 4 Hockey Tournament
December 29th - 30th, 2018
Registration Form

Player's Name: _____

Birthdate (mm/dd/yyyy): _____

Mailing Address: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Email Address: _____

Usual Position Played (Mark more than one if they like Forward & Defence):

_____ Forward _____ Defence _____ Goalie

Please rate your player based on what you think their ability is (Tier 1 being the best):

_____ Tier 1 _____ Tier 2 _____ Tier 3 _____ Tier 4

Sex: _____ Male _____ Female

_____ (Player's Name) would like to take part in the 2018 Fairview
Minor Hockey 4 on 4 Hockey Tournament. I _____ (Guardian's Name)
support my child's participation in this program this year.

_____ Parent's Signature

_____ Date

\$90.00

Please email this form to: Jessica Whelan - jntwhelan@live.ca

