



PEEWEE 1 REGISTRATION FORM 2017-2018

Evaluation Format

Prospective players will receive two (2) ice times for them to demonstrate their ability. After the first two (2) sessions the players will be contacted by phone and/or advised if they are to continue on or return to their respective association.

There will be separate goaltender evaluations and these will be conducted by an organization that will give the goaltenders a chance to demonstrate their skills. The results from these sessions will be used in conjunction with the game sessions when determining goaltender advancement.

If you have any questions please contact:

SEERA Administrator – Kerri Bishop seeraadmin@shaw.ca or (780) 461-6673

Evaluation schedule

Goalie and Player Evaluations TBA. Skate times will be posted on the website at www.seerahockey.ca

To register you are welcome to attend registration night on August 15,2017 at

Evaluation Fee is \$75.00 : Cheques payable to SEERA, Bingo Vouchers or Cash

Leefield Community Hall from 7-9 PM or online https://registration.hockeycanada.ca/registration/?ID=510. Mail in will not be accepted.											
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			REGIS	TRATIO	N FOR	M					
Name:	ame:			Phone Number:				Cell Number:			
Address:			<u>—</u>		_			Postal (Code:		
AHC#						Birthdat	e:				
Height:	Weight: Category Played 2016-2017 Season										
Position:		Shoot		Left		Right	Gender		Male	WEE 3/B	Famala