

Signature of Parent or Legal Guardian _____

Name (Please Print) _____

Date _____, 2018

*****Every Registration Form must be submitted with full payment*****

Please print Players name on Cheque Memo line.

**E-transfer payments must be sent to payments@smhahockey.com,
password *WARRIORS*. Please note your player's full name in the message.**

Please mail all forms to;
Attn. Registrar
SMHA
PO Box 29
Ardrossan, AB
T8E 2A1
Or
Scan/Email to:
registrar.smha@gmail.com