

Brooks Minor Hockey

Box 2002 Brooks, AB T1R 1C7 403-362-8215





2024-2025 U11AA Registration Form

Child's Na	me:
Address:_	
City:	Postal Code:
Email:	
Date of Bi	rth:
HCR#:	
Guardia	n Info:
Name(s):_	
– Phone (1):	Phone (2):
Email (1):_	
Email (2):_	
Acknow	vledgements:
	I acknowledge all participants, guardians and family of the registered player will be subject to the Brooks Minor Hockey Code of Conduct as found at www.brooksminorhockey.com
	I acknowledge the non-refundable tryout fee must be paid in full before the player(s) are allowed on the ice. The fee for players not already registered with Brooks Minor Hockey is \$100.

Submit Forms to: U11JrB@brooksminorhockey.com Submit E-Transfers to: bmhadmin@telus.net