



North East BC & Yukon
District Midget Hockey Program
Box 6356 , FSJ, V1J 4H8

Very Important: Please read first: Upon completion of this form, please return it along with your payment of \$150.00 (non-refundable) to the: **NEBC & Yukon Trackers Hockey Team.**

Mail : Box 6356 FSJ, V1J 4H8 or Drop Box 9615-96 St , FSJMHA Office 250-787-7133

Or fax it with credit card payment form to 250.787.7134 or email fsjmha@outlook.com

Player Information

First Name _____ Last Name _____

Birthdate _____ MM/DD/YYYY

Mailing Address _____

City or Town _____ Postal Code _____

Parent phone Number _____ Parent Cell _____

Parent Work number _____ Parent Email _____

BCAHA District _____

Parents Names Mother _____ Father _____

Minor Hockey Association you were **registered with in the 2018-19** season _____

Preferred Position _____

Height _____ Feet-Inches Weight _____ Lbs

Team played for last season _____

Coaches Name _____ Contact Number or Email _____

Medical Information

Care Card Number _____

Family Doctor _____

Family Doctor Phone Number _____

If selected to the team would you be participating in the School Program

Undecided ___ Yes ___ No ___ Billeting Yes ___ No ___



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**Agreement for Debit of Credit Card
For the NEBC & Yukon District Midget Hockey Team**

I, _____ hereby authorize the NEBC & Yukon
Please Print Name as on Card

District Midget Hockey Team to charge my _____ for the
Visa/MasterCard/American Express

amount of \$ _____, for the fees associated with:

Card Number: _____

Expiry Date: _____

Signature of Cardholder: _____

Date Signed: _____

For more information please contact **FSJMHA** at:

250-787-7133 or by Email at: fsjmha@outlook.com