Team Officials Form

DIVISION:

TEAM NAME:

COMPLETE THE FORM AND E-MAIL TO: https://mxito.html hockeyregina.ca

CATEGORY:

TEAM OFFICIAL	FIRST NAME	LAST NAME	BIRTHDATE Mon Day Year		ADDRESS	CELL PHONE#	CHILD'S NAME (on this team)
Head Coach							
			1		EMAIL		
					EMAIL		
					EMAIL		
					EMAIL		
					EMAIL	<u> </u>	
					EMAIL		
					EWAIL		
	Eve	ery team must have	one pe	rson listed wh	sistant Coach, Volunteer, Stick no has taken the Hockey Cal e bench and/or ice with the teal	nada Safety course	
	AM OFFICIAL (who filled				E-MAIL:		

Anyone over 18 yrs old and listed on this form MUST provide an original Criminal Record Check by Nov.

15. No scans, faxes, pictures etc., <u>must</u> be the original and be dated after April 01/2022