

PARKLAND HOCKEY GROUP

Original Six Summer 4 ON 4

Please print clearly

Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Contact Number: _____

Position: () Skater () Goalie

Birthdate: _____ / _____ / _____
 M D Y

Email Address: _____

TOTAL FEES

\$249.00 (+ GST) \$261.45

PLEASE SEND PAYMENT IN FULL TO:

parklandhockeygroup@gmail.com

