



Strathmore Minor Hockey Association 2021/2022 Registration Form

Player Last Name:		Player First Name:		_Player Gender: <u>M / F</u>
Player Date of Birth:	/ / IM DD YYYY			
Mailing Address - YOU M	UST INCLUDE YOUR PO	STAL CODE:		
Street:				
Town:			Postal	Code:
	(RURAL Residence O	nly) - E Quarter Section		
If your mailing address	is a P.O. Box Number a	and you reside in a town	, village or har	nlet, you must
provide your street add	ress:			
Phone number(s)		_		
Home:	Mother's Cell:		ather's Cell:	
I (meaning the player) have resided at the above mailing address since:				
		-	Month	Year
None of Mother Story				
Name of Mother, Stepmother or Guardian -				
Name of Father, Stepfa	ather or Guardian -			
Email address MANDATORY				
Information is a	mailed so nlease nrovi	de current emails or vou	minht miss in	nortant notices
Information is emailed so please provide current emails or you might miss important notices!				
Hockey History Please complete the in	formation below by foll	owing the example provi	ded:	
Example:				
STRATHMORE Association	U11 Division	<u> </u>		
Team played for during the 2	:019-2020 Season:	Accesietien	Division	
.		Association	Division	Tier
Team played for during the 2	.020-2021 Season:	Association	Division	Tier
		/100001011011		

GOALIES: This applies to **goalies only** in **U11**, **U13**, **U15** & **U18**. Please check if trying out for goal