|                | CHE WILLIAM CO.                           | STETTLER MINOR HOCKEY ASSOCIATION REGISTRATION FORM |                |  |                  |                    |               |              |               |
|----------------|---|---|----------------|--|------------------|--------------------|---------------|--------------|---------------|
|                |   | 2019-2020   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
|                | STORM                                     | ONLY FILL THIS OUT IF YOU ARE PAYING BY EFT         |                |  |                  |                    |               |              |               |
|                |   | OR ARE  | REGISTERI      | NG AS AN <u>I</u>                            | MPORT PLAY       | <u>ER</u>          |               |              |               |
|                | NAME:                                     |   |                |  |                  |                    |               |              |               |
|                | DATE OF BIRTH:                            |   |                | AGE:   |                  | Ci                 | rcle          |              |               |
| A              | ALBERTA HEALTH CARE #:                    |   |                |  |                  | MALE /             | FEMALE        |              |               |
| BIRTH CERTI    | FICATE # (NEW PLAYERS):                   |   |                |  |                  |                    |               |              |               |
|                | MAILING ADDRESS:                          |   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
|                | LEGAL LAND DESCRIP                        | TION (IF BOX NUA                                    | MBER):         |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
|                | Mothers/G                                 | Guardian Informat<br>T                              | ion            |  | Fath             | er/Guardian        | Information   |              |               |
|                | Name:                                     |   |                |  | Name:            |                    |               |              |               |
|                | Phone #:                                  |   |                |  | Phone #:         |                    |               |              |               |
|                | E-mail:                                   |   |                |  | E-mail:          |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
|                | _   | Circle the appropriate age category                 |                |  |                  |                    |               |              |               |
|                | Age Groups                                | Mites   | Novice         | Atom   | Pee Wee          | Bantam             | Midget        | <del> </del> |               |
|                | Year Born                                 | 2013-2014   | 2011-2012      | 2009-2010                                    | 2007-2008        | 2005-2006          | 2002-2004     | -            |               |
|                | Fees                                      | \$185.00  | \$360.00       | \$580.00                                     | \$670.00         | \$750.00           | \$830.00      |              |               |
|                | B   | 1: 2 1/4 /  |                |  | F:               |                    | 2.1/ / 11     |              |               |
|                | Registrant a g                            |   |                |  | First year of p  | y? Yes / No        |               |              |               |
|                |   | Player trying out                                   | for a team n   | ot in SMHA?                                  | Yes / No         |                    |               |              |               |
|                |   | <u> </u>  | .11.           |  |                  | V / / N            |               |              |               |
|                | "A" Team Try Out Fee                      |   | able)          | ls registrant                                | trying out :     | Yes / No           |               |              |               |
|                | (Atom, PeeWee, Ban                        | tam, Midget)  |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
| Voluntee       | er Cheques will be collect                | ed by manager at                                    | FIRST TE       | ⊥<br>ΔM MFFTI                                | NG.              |                    |               |              |               |
|                | equires a \$200 fundraising               |   |                |  |                  | heaue will n       | ot be cashed  |              |               |
| JMI IA TE      | equires a \$200 fullulaising              | cheque per rainit                                   | y. II votuntee | i ilouis ale c                               | ompteted the t   | Tieque witt ii     | lot be cashed | <u>-</u>     |               |
| Lacknow        | wledge that I am required                 | to do 8 hours of a                                  | volunteer wor  | k and will ha                                | and in a post-da | ted \$200 volu     | unteer cheau  |              |               |
|                | nanager that will be cashe                |   |                |  | ind in a post-da | 1ed \$200 vot      | linteer chequ |              |               |
|                |   |   | Tete my nour   | <u>.                                    </u> |                  |                    |               |              |               |
| * more inform  | mation on volunteer hours can be found or | n the website                                       |                |  |                  | ir                 | nitial        |              |               |
|                | \$100 Late re                             | gistration fee will                                 | he applied to  | n anv registra                               | ations received  | ⊥<br>after July 15 | th 2019       |              |               |
| Cancella       | ations: Registrations that                |   |                |  |                  |                    |               | of the reg   | istration fee |
|                |   |   |                | ,,   |                  |                    |               |              |               |
| yment to be ma | ade by E-Transfer                         |   |                |  |                  |                    |               |              |               |
|                | o : treasurer@stettlermin                 | orhockey.com  |                |  |                  |                    |               |              |               |
|                | d: hockeyfees                             |   |                |  |                  |                    |               |              |               |
| •              | nsfer Confirmation/Refer                  | rence #   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
| * needs to     | o be completed before ha                  | anding  |                |  |                  |                    |               |              |               |
|                | rm with confirmation info                 |   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
| rent/Guardian  | Signature:                                |   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |
|                |   |   |                |  |                  |                    |               |              |               |