

Registration Form

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Parents Name: _____

Emergency Contact

Name: _____

Phone #: _____

Relationship: _____

Are there any ALLERGIES or MEDICAL PROBLEMS we should be aware of: _____

Jersey Size: yM yL yXL S M L

T-Shirt Size: yM yL yXL S M L

Height _____ Weight _____

Position _____ Year of Birth _____

Elite Program: Yes No

Circle 10/11 Level Played: AAA AA A House

Payment Information: \$325 before June 1/ \$350 after

Goalies \$200

Total amount of payment: _____

Type of payment: Cash Cheque

(Cheques made payable to: ATP Hockey School)

Please fill out and mail to:

ATP Hockey School

876 24th St. West

Owen Sound, ON.

N4K 6V5