



Male Female
 Goaltender Import

2009-2010 PLAYER REGISTRATION CERTIFICATE

Surname	Given Name	Date of Birth: Year	Month	Day
Address	City	Province		Postal Code
Telephone No.		Hospitalization No.		
E-Mail:				
Is eligible to play for the _____				
Resident at the above address since: _____/_____/_____ Day Month Year		Citizenship Canada <input type="checkbox"/> Other <input type="checkbox"/>		
I last registered with the following Team(s)				
YEAR: _____ TEAM: _____ In the _____ Branch/Province				
YEAR: _____ TEAM: _____ In the _____ Branch/Province				
Date Signed _____, _____		Player's Signature _____		
Date Signed _____, _____		Branch Approval _____		
This card is issued at the discretion of the Branch Executive, and is revocable without notice				

Junior Senior