



TEAM REGISTRATION

PRIMARY CONTACT		
Name:	Email:	
Address:	Phone:	
City:	Alternate Phone:	
Prov:	Postal Code:	
SECONDARY CONTACT (if applicable)		
Name:	Email:	
Phone:	Alternate Phone:	
TEAM INFORMATION		
Season Start Date:	Season End Date:	
Age Level:	Gender:	Team Name:
TEAM ROSTER		
PLAYER: Surname, Given Name	PLAYER: Surname, Given Name	
1	11	
2	12	
3	13	
4	14	
5	15	
6	16	
7	17	
8	18	
9	19	
10	20	
TOURNAMENTS		
Tournament Attending	Date	
1		
2		
3		
4		
5		

PAYMENT METHOD:	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	Expiry Date _____
	<input type="checkbox"/> Payment via Online Banking	
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____



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