

**STEEL CITY HOCKEY DEVELOPMENT PROGRAMS
LEAGUE REGISTRATION FORM - INDIVIDUAL PLAYER**

League of interest:

Age group:

Players Name:

Gender:

D.O.B:

mm/dd/yyyy

Level:

Position:

Years Playing:

I would like to play with:

Parent/Guardian Name:

Home Address:

City:

Postal Code:

Home Phone:

xxx-xxx-xxxx

Cell Phone:

xxx-xxx-xxxx

Email:

I would like to coach a Summer league team: Yes No

I would like to sponsor a Summer league team: Yes No

I will be paying by:

Name on card:

Card number:

Expiry:

Ex: 02/10

CSV:

(The CSV is the 3 digit number on the back of your credit card.)