

**STEEL CITY HOCKEY DEVELOPMENT PROGRAMS  
LEAGUE REGISTRATION FORM - TEAM SUBMISSION**

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League of interest:

Division:

Team contact name:

Team name:

Home Phone:

xxx-xxx-xxxx

Cell Phone:

xxx-xxx-xxxx

Email:

I would like to coach a team:

Yes

No

I would like to sponsor a team:

Yes

No

Players names:

(Please indicate  
who your goalie  
will be)

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.)

