

STEEL CITY HOCKEY DEVELOPMENT PROGRAMS

School Registration Form

School of interest:

Players Name:

Gender:

D.O.B:

mm/dd/yyyy

Have You Been With Steel City Before?

Yes

No

What hockey age group are you currently playing?

Level:

Position:

Years Playing:

Parent/Guardian Name:

Home Address:

City:

Postal Code:

Home Phone:

xxx-xxx-xxxx

Cell Phone:

xxx-xxx-xxxx

Email:

How many sessions would you like to attend?

5

10

15

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.)