



Calgary Northstars Hockey Association Spring Combine Registration Form

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ (for confirmation)

ALBERTA HEALTH CARE NUMBER: _____

BIRTHDATE: _____

MOTHER NAME: _____ PHONE: _____

FATHER NAME: _____ PHONE: _____

COMMUNITY OR ASSOCIATION LAST PLAYED: _____

LEVEL LAST PLAYED: (PEEWEE, BANTAM, MIDGET) _____

DIVISION LAST PLAYED: (DIVISION 1, 2, ETC) _____

POSITION: GOALIE: _____ DEFENCE: _____ FORWARD: _____

SHOOTS: RIGHT _____ LEFT _____

GOALIE : CATCHES RIGHT _____ CATCHES LEFT _____

METHOD OF PAYMENT: CHEQUE# _____ CASH \$ _____

JERSEY COLOR: _____ NUMBER # _____