

PRESENT MEMBER

NEW TO SAJHL

Family Name of Player(s)
.....

Church We Attend, if any
.....

Father's Name: Mother's Name:

Street Address: Apt. #

City: Postal Code:

E-mail(s):

Phone 1: Phone 2:

Player's First Name _____	Birth Date (DD/MM/YYYY) ____/____/____
Position: (circle) Forward Defence Goalie Desired Team-mate (no guarantees!): _____	
Hockey seasons played: _____ Plan to play in more than one hockey league? Yes No (note: player must attend minimum of 50% of regular season games to play in playoffs)	
Medical Concerns: _____	

Player's First Name _____	Birth Date (DD/MM/YYYY) ____/____/____
Position: (circle) Forward Defence Goalie Desired Team-mate (no guarantees!): _____	
Hockey seasons played: _____ Plan to play in more than one hockey league? Yes <input type="checkbox"/> No <input type="checkbox"/> (note: player must attend minimum of 50% of regular season games to play in playoffs)	
Medical Concerns: _____	

REGISTRATION FEES:

Birth Year 2008 to 2019: _____ @ \$375 = \$ _____

Registration fees include regular season, playoff and championship games, team sweater and socks and the awards event at the conclusion of the season.

TOTAL PAYMENT: \$ _____

Payment: Send payment either by cheque to the address below made payable to The Salvation Army or by Visa by calling the church office at the phone number below. Registration forms will not be considered as submitted to be considered for a spot in the league until payment has been received. No refunds will be issued after October 1, 2024.

**Please forward your completed registration form via email to mail@sajhl.com or by mail with cheque for fees due to:
Northridge Community Church - The Salvation Army
15338 Leslie Street, Aurora ON, L4G 7C4
Phone: 905-895-6276**