

REGISTRATION FORM 2019 - 2020 SEASON

	PRESENT MEMBER	☐ NEW TO SAJHL	
Family Name of Player(s)		Church We Attend, if any	
Father's Name:	Moth	ner's Name:	
Street Address:		Apt. #	
City:		Postal Code:	
E-mail:		(e-mail will be used to notify accepted players)	
Home Phone:		. Cell:	
Player's First Name		Birth Date (DD/MM/YYYY) / /	
Position: (circle) Forward Defence	Goalie Desired Team-mate (no guarantees	s!):	
Hockey seasons played:	Plan to play in more than one hockey lea (note: player must attend minimum of 5	ague? Yes No 0% 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 guarantee	s!):	
Hockey seasons played:	Plan to play in more than one hockey le (note: player must attend minimum of 5	ague? Yes No No 000 No foregular season games to play in playoffs)	
Medical Concerns:			
REGISTRATION FEES:			
Birth Year '11 to '14:	@ \$375 Birth Year '06 to '10:	@ \$395 Birth Year '00 to '05: @ \$425	
\$20 per player will be applied t Registration fees include week	Il be applied to each registration that in be each registration that includes full pay by regular season games, playoff game went at the conclusion of the season.	acludes full payment received prior to April 1, 2019 . A discount of syment received after March 31 and before May 1, 2019 . s, sweater and socks, Registration Fees: ag discountx \$=: - \$ ()	
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		TOTAL PAYMENT: \$	

Payment: Send payment either by electronic transfer to sajhlpayments@gmail.com or by cheque made payable to SAJHL. If you withdraw from the league after July 31, 2019 there will be a \$50 administration fee per player. No refunds after October 1, 2019.

Please forward your completed registration form and fees due to: SAJHL 335 Sugar Maple Lane, Richmond Hill, ON L4C 4C3

335 Sugar Maple Lane, Richmond Hill, ON L4C 4C: Email: mail@sajhl.com