

FSIN OFFICE
Suite 100-103A Packham Ave. Saskatoon, SK S7N 4K4
FAX: (306) 665-1183

FSIN CHAMPIONSHIP TEAM REGISTRATION FORM - YOUTH

TEAM NAME: _____ CENTER: _____ AGE CLASS: _____
(ie: U11, U15)

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE MONTH DAY YEAR			LAST TEAM REGISTERED ON
1. Goalie								
2. Goalie								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								

****NOTE: PLEASE PLACE AN ASTERISK (*) BESIDE THE FEMALE HOCKEY PLAYERS****
PLEASE PRINT CLEARLY - FILL OUT ENTIRE FORM (INCLUDING MAILING ADDRESS & POSTAL CODE) - THANK YOU

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET OR BOX #	CITY/TOWN	POSTAL CODE	PHONE #	B-DAY D/M/Y	E-MAIL ADDRESS
MANAGER								
COACH								
ASS'T COACH								
TRAINER								
STICK BOY								

DATE: _____ SIGNATURE OF TEAM OFFICIAL: _____

HOCKEY SASKATCHEWAN OFFICE USE ONLY	DATE APPROVED:	HOCKEY SASKATCHEWAN GENERAL MANAGER:
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