



REGISTRATION FORM (2008 / 2009)

\$24/PARTICIPANT

TEAM NAME _____ LEAGUE NAME _____
 TEAM REP. _____ PHONE _____
 ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____
 EMAIL _____

	FIRST NAME	LAST NAME	EMAIL	PHONE #	DATE OF BIRTH MM/DD/YY
1.				()	/ /
2.				()	/ /
3.				()	/ /
4.				()	/ /
5.				()	/ /
6.				()	/ /
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10.				()	/ /
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13.				()	/ /
14.				()	/ /
15.				()	/ /
16.				()	/ /
17.				()	/ /
18.				()	/ /
19.				()	/ /
20.				()	/ /
COACH				()	/ /
TRAINER				()	/ /
SPARES	1.			()	/ /
	2.			()	/ /
REFS.	1.			()	/ /
	2.			()	/ /

METHOD OF PAYMENT: Cheque/ Money Order enclosed (payable to CARHA Hockey)
 # OF PARTICIPANTS _____ x \$24 = \$ _____
 VISA MC CARD# _____ Expiry Date _____
(PLEASE PRINT) Card Holder _____ (AUTHORIZATION) Signature _____ MM / YY

CERTIFICATE OF INSURANCE
DO NOT add players/managers/timekeepers in this area. This area is for the arena/municipality you play in only. Sponsors may be added as additional insured. Should you require further information, please contact CARHA Hockey.
Name additional insureds:

TEAM REP SIGNATURE: _____ DATE: _____

The collection of personal information by Canadian Adult Recreational Hockey Association (CARHA Hockey) is limited to that which is necessary for communications with you, membership registration organizing hockey tournaments as the official national body for recreational hockey in Canada, determining if our products and services, or those of our partners, meet your needs, offering and providing our products and services, or those of our partners, that may be of interest to you, collecting monies owing to CARHA Hockey or permitting CARHA Hockey to pursue available remedies or limit any damages it may sustain, complying with all applicable laws or for other purposes that are disclosed to you before or at the time the personal information is collected. Unless required by law, we will obtain your consent before using or disclosing your personal information for a purpose not previously identified.