



# KIDS REC HOCKEY

## REGISTRATION FORM

### PARENT/GUARDIAN CONTACT INFORMATION

Last Name:		First Name:	
Box #:	City:	Postal Code:	
Phone:		Email:	

By checking this box and providing your email address, you are expressing consent to receive electronic communications from the Humboldt Broncos office.

### PARTICIPANT(S) INFORMATION

	NAME	AGE	GENDER	REGISTRATION FEE (GST INCL.)
1 <sup>st</sup> Child				
2 <sup>nd</sup> Child				
3 <sup>rd</sup> Child				
4 <sup>th</sup> Child				
<b>Total # of participants:</b>			<b>Total Fee:</b>	<b>\$</b>

### OTHER RELEVANT INFORMATION

Please list any other relevant information that the organizers/supervisors should be aware of (medical, allergies, etc.)

\*Please use back of form if you need more space\*

### PAYMENT INFORMATION

Total Due	Payment Method	
\$	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE

Check if you are applying for funding through:  KidSport  JumpStart  Other