

# The Co-operators Centre 3 on 3 Youth Hockey League

## 2017 TEAM REGISTRATION FORM

www.cooperatorscentre.com



TEAM NAME: \_\_\_\_\_

Coach/Manager FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Select age category and division played in 2016/17 hockey season (please select one box only):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A – Novice (08 & 09) | <input type="checkbox"/> AA – Pee Wee (04 & 05) | <input type="checkbox"/> AA – Bantam (02 & 03)      |
| <input type="checkbox"/> B – Novice (08 & 09) | <input type="checkbox"/> A – Pee wee (04 & 05)  | <input type="checkbox"/> A – Bantam (02 & 03)       |
| <input type="checkbox"/> C – Novice (08 & 09) | <input type="checkbox"/> B – Pee Wee (04 & 05)  | <input type="checkbox"/> B – Bantam (02 & 03)       |
| <input type="checkbox"/> A – Atom (06 & 07)   | <input type="checkbox"/> C – Pee Wee (04 & 05)  | <input type="checkbox"/> AAA/AA Midget (99, 00, 01) |
| <input type="checkbox"/> B – Atom (06 & 07)   |   | <input type="checkbox"/> A – Midget (99, 00, 01)    |
| <input type="checkbox"/> C – Atom (06 & 07)   |   | <input type="checkbox"/> B – Midget (99, 00, 01)    |
|   |   | <input type="checkbox"/> Rec - Bantam/Midget        |

### **PAYMENT INFORMATION**

Novice team price = \$1,600, Atom to Midget team price = \$2,400 (INCLUDES GST)

1. Registration will be guaranteed once half the registration fee is paid, remaining payment is due prior to your team's first game.
2. **Players can make payments directly to the league on their waiver form online or at the Information Desk. Please let the parents or guardians know if they should be paying you or if they are to pay directly to the CCHL.**
3. A \$25.00 service charge will be applied to all NSF payments
4. No refunds or credits will be made for missed games

Payment Method (please check box)

- Visa     MasterCard     Debit     Cash     Cheque (Payable to Evraz Place)

Please charge my credit card for the following amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_ / \_\_\_      Card Security Code (3 Digit Code): \_\_\_\_\_

Credit Card Payment Authorization Signature: \_\_\_\_\_

OTHER NOTES/REQUESTS: \_\_\_\_\_

**REGISTRATION DEADLINE: MARCH 12**

OFFICE USE ONLY: \_\_\_ REP \_\_\_ EXCEL  
Date of Registration: \_\_\_\_\_



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Coach/Manager FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE CATEGORY: \_\_\_\_\_ DIVISION: \_\_\_\_\_

JERSEY # 1-10	FIRST NAME	LAST NAME	BIRTH YEAR	DIVISION
Goalie 1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**\*\* PLEASE NOTE: ALL PLAYERS MUST ALSO FILL OUT PLAYER REGISTRATION FORM**

### Team Roster Verification

I verify that all players listed above are of proper age and caliber to play in the division.

### Permission/Liability Waiver

By checking this box, I acknowledge to have read and understand the terms and conditions of this registration and am in agreement with its term and conditions

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Email Consent

By checking this box, I am consenting to receive emails from The Co-operators Centre Hockey League and Evraz Place with my program information and about upcoming programs or events.

Registration forms can also be dropped off at the Information Desk in The Co-operators Centre, emailed to [nhedman@evrazplace.com](mailto:nhedman@evrazplace.com), faxed to 306-781-9299, or mailed to: CO-OPERATORS CENTRE – CCHL, BOX 167, REGINA, SK S4P 2Z6

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