

SARNIA JR LADY STING STARFIRES/GIRLS HOCKEY

Player Registration Information

Registration 2010-11 season

PLAYER'S Name: _____

PARENT'S Name(s): _____

Address: _____

City: _____ **Province/State:** _____

Postal/Zip Code: _____ **E-Mail:** _____ (OPTIONAL)

Phone #: (_ _ _) _____ **alternate #:** (_ _ _) _____

Birth Date: day _____ month _____ year _____

*Wish to participate in the INSTRUCTION/BEGINNER program: _____ yes _____ no
(If YES – you need only complete the top section of this form & submit with your payment)*

Do you wish to play for a: _____ **TRAVEL TEAM** , or _____ **HOUSELEAGUE**

of years playing hockey: _____ **preferred position:** _____

If Travel Team, which TEAM are you trying out for? _____ (i.e. Atom A)

*The following travel & house-league teams will be offered depending on the
Registration Numbers & availability of Coaches:*

*Instructional
Jr Houseleague
Sr Houseleague
Midget AA
Intermediate (TBD)*

*Novice C
Peewee A
Bantam A
Midget A*

*Atom A &/or B (TBD)
Peewee B
Bantam B
Midget C*