

2010 4 on 4 IN-House League Registration

Players name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Years of Hockey Exp. _____

Last team: _____

Parent's Names: _____

Are you interested in Coaching? _____ Yes _____ No

Home phone #: _____ Work phone #: _____

E-Mail address: _____

Youth In-House Hockey League

PeeWee

Bantam

Midget

Beginner Intermediate Travel/ Club

Position: Forward Defense Goalie

Mail application and \$100 non-refundable deposit to:

Center Ice - P.O. Box 1070 - Oaks, PA 19456

Team Registration

Team Name: _____

Jersey Color: _____

Team Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Please Select Age Level:

Peewee: _____ Bantam: _____ Midget: _____

Please circle level of competition:

"B" "A" "AA" "AAA"

Interested In Coaching? Head coach _____

ASST coach _____

Car Pool Request (name of partner)

*Please note that while we try our best to honor car pool requests,
we cannot guarantee what team each player will be on.