

TIM'S TOYOTA CENTER ADULT HOCKEY REGISTRATION FORM

PLEASE PRINT LEGIBLY. ALL INFORMATION IS NEEDED. THANK YOU!

Today's Date:				
PLAYER INFORMATION:				
Last Name:		First Name:	Middle:	Program: (Circle One) LEAGUE PLAY SKILLS CLASS
Home Phone: ()	Work Phone: ()	Email:		
Street Address:		Birthdate: / /	Age:	Sex: _____ M _____ F
Mailing Address:		City:	State:	Zip:
Jersey Number: _____ (1) _____ (2) _____ (3)		Experience: _____ (Months) _____ (Years)		
Playing Position(s):				

PAYMENT INFORMATION:			
_____ (Cash)	_____ (Check)	_____ (Charge)	
Credit Card Information (Circle One): Please Charge the Following Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER			
Card Number:		Exp Date:	CCV Number:
Signature:			

IN CASE OF EMERGENCY:				
Name of Local Friend / Relative:	Relationship to Player:	Home Phone: ()	Work Phone: ()	Cell Phone: ()

