

WESTERN NL PEEWEE AAA PLAYER REGISTRATION

Player Name: _____

Date of Birth: _____ / MCP #: _____

Address: _____

Parent Name: _____ Parent Name: _____

Phone #: _____ Phone #: _____

Address: _____ Address: _____

E-mail: _____ E-mail: _____

Cell #: _____ Cell #: _____

Minor Hockey Association: _____

Position: _____

Jersey Size: _____ Shoots: _____

Parent Signature: _____ Date: _____