

2018/19 CeeBees Minor Hockey Player Registration

Child Information

Player Name: _____

Date of Birth: _____

Gender: _____

Parent/Guardian Information

Name(s): _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Address

P.O. Box: _____

Street: _____

Town: _____

Postal Code: _____

Programs Registered For

Minor _____ Female _____

Female & Minor _____ Rep Tryouts _____