

## Registration Form 2010/2011

<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>HOME #:</b>			
<b>Date of Birth (mm-dd-yyyy)</b>		<b>Gender:</b>	
<b>Home #:</b>			

**Community League:**

CPMHA

**Division:**

**Season:**

2010-2011

**Team Information**

<b>Previous Team:</b>	
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**Father Information**

<b>Name:</b>	<b>Home #:</b>	
<b>Address:</b>		
<b>Work #:</b>	<b>Cell #:</b>	<b>E-mail:</b>

**Mother Information**

<b>Name:</b>	<b>Home #:</b>	
<b>Address:</b>		
<b>Work #:</b>	<b>Cell #:</b>	<b>E-mail:</b>

**Emergency Contact**

<b>Name:</b>	<b>Phone #:</b>
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Parent/Guardian's Name (print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

*OFFICIAL RECEIPT FOR REGISTRATION PURPOSES*

Fee	Amount
REGISTRATION	

Payment Type / #	Date	Amount
1		\$
2		\$
3		\$
4		\$

**Cheque Signed By:**

\_\_\_\_\_

**Registered By :** \_\_\_\_\_

Notes :