



# IN-LINE HOCKEY CENTER FALL 2009 HOCKEY YOUTH REC LEAGUE REGISTRATION FORM

Team Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your Team's Jersey Color is: \_\_\_\_\_

**Please select the division your team is playing:**

**SQUIRT**  
Tues/Sat

**PEEWEE**  
Wed/Sat

**BANTAM**  
Sun/Sat

**JUNIOR**  
Sun/Sat

League Cost is \$1100.00 for 10 Games plus 1 Guaranteed Playoff Game  
NON-REFUNDABLE DEPOSIT AMOUNT: \$300.00 Due at Registration

Balance: \_\_\_\_\_ Due By: 3<sup>rd</sup> Game.

- IHC reserves the right to approve team name.
- Open league teams schedules will be posted on Friday September 4<sup>th</sup>, 2009 @ 9:00pm
- No teams will be allowed to play their **Third game** if not paid in full.
- Team rosters and waiver forms are due before the first game.
- Registration deadline is September 1<sup>st</sup>, 2009.
- Signing this registration ensures you are responsible for your team's Fees to the IHC, as well as making sure every player has signed the team roster & Waiver form, prior to playing.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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