

WTM HOCKEY ASSOCIATION 2010-2011 REGISTRATION FORM



Registration Fees for 2010 – 2011 Season:
First Child \$90. Each additional child from the same family \$75.

For more information
Check our web site:
www.wtmhockey.org

Register by March 21st before Spring Evaluations
Only pay \$60 for the first child and \$50 for each additional child from the same family!

To register your child for the
2010-2011 hockey season by mail:
*Complete this form, make a check payable to WTM Hockey,
and mail both to:*
WTM Hockey, P.O. Box 836, East Longmeadow, MA 01028

Any questions: Please call Tim Walsh at 413-596-8742, Jim McLaughlin at 413-565-5777, or Bryan Blair at 413-478-8679

Please note each player will need to register on line with USA Hockey and MA Hockey.

Last Name	First Name	MI	Male or Female		Date of Birth	Registration for:	Amount Paid	Did child play last season?	If yes, in which organization?
			M	F		Team			

Does your child plan to try out as a goalie? _____ If yes, please indicate names: _____.

If your son/daughter will be a Midget next year, would you be interested in a full season program? _____.

ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: _____

PARENT/GUARDIAN #1 NAME: _____

WORK/CELL PHONE NUMBER: _____

PARENT/GUARDIAN #2 NAME: _____

WORK/CELL PHONE NUMBER: _____

EMAIL: _____

AMOUNT ENCLOSED: _____

Please note: All registration fees are non-refundable.

WTM USE ONLY

Amount Received: _____

Date Received: _____

Check Number: _____