

WTM HOCKEY ASSOCIATION 2009-2010 REGISTRATION FORM

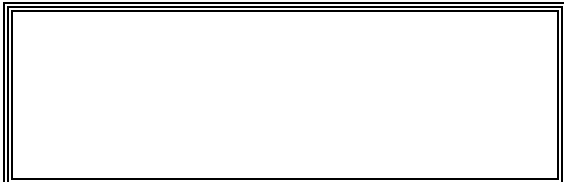


Registration Fees for 2009 – 2010 Season:
First Child \$90, each additional child from the same Family \$75.

Register by March 23th before Spring Evaluations
Only pay \$60 for the first child and \$50 for each additional child from the same family

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

Please note Registration fees were reduced because each player will need to register on line with USA Hockey and MA Hockey this season details to follow.



To register your child for the
2009-2010 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

Last Name	First Name	MI	Male or Female		Date of Birth	Registration for:		Amount Paid	Did child play last season?	If yes, which organization did Child play for?
			M	F		LTS	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 PHONE NUMBER: _____

PARENT/GUARDIAN #2 NAME: _____

WORK PHONE NUMBER: _____

EMAIL: _____

AMOUNT ENCLOSED: _____

Please note: All registration fees are non-refundable.

WTM USE ONLY
Amount Received: _____
Date Received: _____
Check Number: _____