



4 on 4 Novice/Initiation Cross Ice
Hockey Tournament Commitment to Play
Registration Form

Player's Name: _____

Birth Date (mm/dd/yyyy): _____

Mailing Address: _____

Emergency Contact: _____

Phone: _____

Email Address: _____

Please indicate if your child is willing to be goalie: _____

Please indicate if you're willing to coach: _____

_____ (player's name) would like to take part in the 2016 Fairview Minor Hockey 4 on 4 Novice/Initiation Cross Ice Tournament. I _____ (guardian's name) support my child's participation in this program this year.

_____ Guardian's Signature
_____ Date
\$50.00 _____
Paid/Cheque #

Please email this form to Jessica Whelan:

novicecoordinator@fairviewminorhockey.com

Or Amanda Burt: bamburt@hotmail.com