

REGISTRATION FORM FOR CLINIC, JUNIOR & INTERMEDIATE LEAGUES ONLY

NAME OF PLAYER _____ PHONE NUMBER _____

ADDRESS _____ TOWN _____ ZIP CODE _____

DATE OF BIRTH _____ GOALIE (circle 1) FULL-TIME PART-TIME NO

EMAIL ADDRESS _____

PARENTS SIGNATURE _____

PARENTS PLEASE CIRCLE ANY OF THE BELOW THAT YOU HAVE INTEREST IN

HEAD COACH ASSISTANT COACH REFEREE

CIRCLE THE AGE GROUP BELOW THAT YOU WANT YOUR CHILD TO PLAY IN

Clinic - \$65 Junior League - \$75 Intermediate League - \$90

MAKE CHECKS PAYABLE TO JOHN J. McMAHON ROLLER HOCKEY. MAIL FORMS AND CHECKS TO:

**John J. McMahon Roller Hockey
P.O. BOX 2586
NORTH BABYLON, NY 11703**

**REGISTRATION FORM FOR SENIOR/TEEN LEAGUE ONLY
PLEASE FILL OUT COMPLETELY & ANSWER ALL QUESTIONS BELOW**

NAME OF PLAYER _____ PHONE NUMBER _____

ADDRESS _____ TOWN _____ ZIP CODE _____

DATE OF BIRTH _____ GOALIE (circle 1) FULL-TIME PART-TIME NO

EMAIL ADDRESS _____

PARENTS SIGNATURE _____

PARENTS: Circle either of these you have an interest in: GAME NIGHT STAFF REFEREE

DO YOU HAVE A PREFERRED WEEKNIGHT FOR GAMES? If so circle 1 of these: TUES WED THURS

IS THERE A WEEKNIGHT THAT YOU CANNOT MAKE GAMES? If so circle 1 of these: TUES WED THURS

MAKE ALL CHECKS PAYABLE TO JOHN J. McMAHON ROLLER HOCKEY. MAIL FORMS AND CHECKS TO:

\$100 for skaters, \$50 for full-time goalies

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