



# TEAM REGISTRATION FORM

(PLEASE PRINT NEATLY)

**Panthers "Youth Gladiator" League**

**Season: Spring 2010**

SEASON REGISTERING FOR: \_\_\_\_\_ DIVISION: \_\_\_\_\_

|                  |                    |
|------------------|--------------------|
| Team Name: _____ |                    |
| Team Roster:     |                    |
| Player 1 _____   | Alt Player 1 _____ |
| Player 2 _____   | Alt Player 2 _____ |
| Player 3 _____   | Goalie _____       |
| Player 4 _____   | Alt Goalie _____   |

COACHES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E MAIL: \_\_\_\_\_

PHONE H): \_\_\_\_\_ PHONE(C): \_\_\_\_\_

I understand that all team members and staff must have current USA Hockey Membership. Only designated rostered players are eligible to participate and any changes must be approved by Hockey Dept.

SIGNATURE COACH: \_\_\_\_\_ DATE: \_\_\_\_\_

(OFFICE USE ONLY)

Method of Payment    ( ) Amex    ( ) Visa    ( ) MC    ( ) Discover    ( ) Check # \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

League Fees: 600.00 per team    Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Registered By: \_\_\_\_\_