

Spring Fling 3 on 3 Hockey Registration Form

Team Name _____

Team Captain: _____ Age: _____ Phone # _____

Parent's Name (if under 14) _____ Phone # _____

Email Address: _____ **(must provide and email)**

Name and ages of other team members:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Substitute Player (you are allowed to bring one additional player)

Name: _____ Age: _____

NOTE: On the evening of Friday April, 28th, 2017, you will be **emailed** the time of your first game. The remainder of the games are based on your win or loss and will be posted at the rinks.

Please send completed form and payment (\$20.00 per team) to:

Angela Jack

310 Sahlstrom Road

Castlegar, BC

V1N 3N2

250-365-0014

Angela.Springfling@gmail.com