

SHA SENIOR FEMALE TEAM CERTIFICATION FORM 2015-16

TEAM NAME: _____ CENTRE: _____ CATEGORY: _____ LEAGUE: _____

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE MONTH - DAY - YEAR			LAST TEAM PLAYED FOR
1.Goalie								
2.Goalie								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
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21.								
22.								
23.								
24.								
25.								

PLEASE PRINT CLEARLY - FILL OUT ENTIRE FORM (INCLUDING MAILING ADDRESS & POSTAL CODE) - THANK YOU

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET OR BOX #	CITY/TOWN	POSTAL CODE	PHONE #	B-DAY M/D/Y			E-MAIL ADDRESS
MANAGER										
COACH										
ASS'T COACH										
TRAINER										
STICK BOY										

CENTERS (3.01.03 & 3.01.06)	POPULATION (RURAL MUN. DIR.)
1. SPONSORING CENTER:	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL POPULATION	

TEAM FEE: \$ _90.00__

INSURANCE: # OF PLAYERS ____ X \$40.00 =\$ ____ (A) # OF TEAM OFFICIALS ____ X \$40.00 =\$ ____ (B) A+B = \$ ____

TOTAL RECAP FOR TEAM FEES AND INSURANCE **TOTAL \$ _____**

DATE: SIGNATURE OF TEAM OFFICIAL:

PAYMENT في Visa في MasterCard في American Express Credit Card Number ____ - ____ - ____ - ____ Expiry Date ____/____/____ **Please note that credit card receipts are issued and mailed monthly to your Minor Association.

OFFICE USE ONLY	DATE APPROVED:	General Manager:

