



## HOCKEY LEAGUE REGISTRATION

### LEAGUE DETAILS

League Name: \_\_\_\_\_ Number of Teams: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Number of Players: \_\_\_\_\_

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc):

### PRIMARY CONTACT

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### SECONDARY CONTACT (if applicable)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey)	
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	PAYMENT AMOUNT _____
	<input type="checkbox"/> Payment via Online Banking	Expiry Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____



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