

Enfield Hockey Association

Player Registration Form

2009-2010 Season

	E-Mail Address (Parent/Guardian)
	@

Last Name	First Name	Middle Initial

Home Phone	Date of Birth	Sex
() -	/ /	Male <input type="checkbox"/> Female <input type="checkbox"/>

Address	City	State	Zip Code

Parent / Guardian Last Name	First Name	Phone #	
		Home	Cell
		() -	() -
		() -	() -

With which organization did this player skate last season (2008-2009)?
EHA <input type="checkbox"/> N/A (first year hockey) <input type="checkbox"/> Other _____

Payment Information	
EHA Tryout Fee	\$50.00
EHA deposit: Due March 27th 2009 (at pre-season practice)	\$100.00

Position: _____ Defense _____ Forward _____ Goalie

Shirt Number _____

Needs Jersey _____