



# WEBSTER ICE ARENA ADULT HOCKEY LEAGUE [ W A H L ]

**NAME:** \_\_\_\_\_  
LAST FIRST

**ADDRESS:** \_\_\_\_\_  
STREET CITY ZIP

**PHONE:** \_\_\_\_\_  
HOME WORK CELL

**E-MAIL:** \_\_\_\_\_

**LAST LEVEL PLAYED:** \_\_\_\_\_  
LEVEL RINK

**TEAM CAPTAIN:** \_\_\_\_\_

**PLAYER POSITION:** circle one [ PLAYER ] [ GOALIE ]

**INSURANCE CARRIER:** \_\_\_\_\_

-----for office use only below this line-----

amount paid \_\_\_\_\_ date \_\_\_\_\_ check # \_\_\_\_\_ cash \_\_\_\_\_ visa/mc/discover

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