ADULT RECREATIONAL REGISTRATION SHEET
Please Print Clearly

Team Name:	Season:	League:

Last Name First name	D.O.B Y/M/D	Address	City	Prov	PC	Phone	Email	Existing Member of Hockey Canada/BC Hockey? Please enter Y/N. Hockey Canada ID # (if possible)

BENCH PERSONNEL ONLY Please list Bench Personnel e.g.: coach, manager, trainer. Non playing support people (off ice officials) are HC insured at no charge

Contact Person_____ **Phone:** **H)**_____ **C)**_____ **Email:** _____

FOR OFFICE USE ONLY:

Please Submit Forms to: BC Hockey
6671 Oldfield Road, Saanichton, BC, V8M 2A1 or
Fax: 250 652 4536 or
adultrec@bchockey.net