

Athlete's Surname Given Name			Date of Birth (DD/MM/YYYY)			
Relevant Medical Conditions:	,	Email:				
Parent's/Guardian's Name ()) (Phone Hom	Parent's/Guardian's Name () () Home Work Phone Phone			
Address	Addr	Address				
City, Postal Code		City,	City, Postal Code			
		Classification	1			
□ Novice (2009/10)		□ Atom (200	□ Atom (2007/08) re May 31, 2017 ~\$350.00		☐ PeeWee (2005/06) Before May 31, 2017 ~\$400.00	
After May 31, 2017 ~ \$400.00		After May 31, 2017 ~ \$400.00		After May 31, 2017 ~ \$450.00		
•		efore May 31, 201	re May 31, 2017 ~\$450.00 Befo		termediate (1997-99) re May 31, 2017 ~\$450.00 r May 31, 2017 ~ \$500.00	
Registration forms	can be mailed to Uppe	laying girl's hockey plea er Maitland Mustangs, 3 o be dropped off at The Payment	100 Patrick Stree	et, Fordwich,	ON N0G 1V0.	
	CashCheque	Payment Option: O A O B	Postdated Fundraising Cheque Received (\$150 per child) Jan 31, 2018		Tax Receipt Issued? O Yes O No	
Total Amount Received \$			U.M.M. Member's Initials:			
Option A: Full Registra Option B: ½ registratio	n fee in two equal po				017	
By initialing in box I give per the Upper Maitland Mustar Hockey Program.						