



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: _____

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



Suite 600, 1420 Blair Place, Ottawa, ON K1J 9L8

Tel: (613) 748-1352 / 1-888-361-1352 • Fax: (613) 244-3755

info@iplayhockey.ca

www.iplayhockey.ca