

2016 Kings Hockey School Registration Form:

Name: _____

Parent/Guardian: _____

D.O.B.: _____

CareCard#_____

2015/16 Division: _____

Position:_____

Address: _____

City: _____ **Province:** _____

Postal Code: _____

Phone Number: (_____) _____

Email: _____

MasterCard/Visa:

Expiry Date:_____/____

Please register me for the following age group:

1. Atom 2. Pee wee 3. Bantam/Midget ☐

**Please return your registration form by fax at (604) 485-7530
or mail to:**

Powell River Kings

P.O. Box 342, Powell River, B.C. V8A 5C2

Email: kingscoach@shaw.ca

We look forward to seeing you this summer!