



ADULT PLAYER DRAFT ~ REGISTRATION FORM

HOW TO REGISTER:

- IN PERSON AT THE SPORTSPLEX: OFFICE HOURS: Monday – Sunday: 9:00am-9:00pm
- BY PHONE: 604-882-1611 EXT. 701
- BY MAIL/FAX: Complete this form and submit with **\$10.00 PLAYER DRAFT FEE** to the address on the bottom of this form.

PLAYER INFORMATION

Please insure the following information is completely and legibly filled out.

Player Name:				Age:		Position:	
Address:							
City:				Postal Code:			
Email Address:							
Home Phone:			Cell Phone:			Work Phone:	

Hockey Ability: Please rate your overall hockey skills

Beginner 1 2 3 4 5 6 7 8 9 10 Elite

Hockey Experience: **Roller Hockey:** Years played _____ **Ice Hockey:** Years played _____

Describe any relevant info: _____

Which Division would you like to play in? (circle all that apply)

Beginner > Chrome Zinc Nickel Iron Brass Copper Bronze Silver Gold Platinum < **Elite**

Please note: We cannot guarantee placement in the division of your choosing. Every effort will be made to match up the skill level of the player with the desired division. However, depending on the number and level of teams drafting, players may end up in a higher/lower division than expected.

Signature of Player (Parent/Guardian if under 19 years):

Signature: Printed Name: Date:

By signing this form and participating in the Player Draft the Player agrees to abide by all League Rules, Procedures & Policies. In addition, the Player agrees to make all financial obligations with the team that selects him/her in the Player Draft.

CHEQUES SHOULD BE MADE PAYABLE TO: SPORTSPLEX MANAGEMENT LTD.

Drafted by: Team Name Division

FOR OFFICE USE ONLY:

PAYMENT METHOD: CASH CHEQUE VISA M/C AMEX DATE REC'D:

SPORTSPLEX MANAGEMENT LTD.

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SPORTSPLEX MANAGEMENT LTD. INDIVIDUAL PLAYER REGISTRATION FORM