

TOP PROSPECTS

HOCKEY SCHOOL

WWW.TPHS.COM

CINCINNATI - 2013 REGISTRATION FORM

(Please print out and complete this form for each participant)

Player Name:		Current Age:
Address :		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	Zip Code:	
Birthdate:(dd/mm/yy)	Home Phone:	
Parents Name(s):	Work Phone:	
Emergency Contact:	Emergency Phone:	
Parent Email Address:		
Health Insurance Policy #:	Insurance Carrier:	
Player Position: <input type="checkbox"/> C <input type="checkbox"/> LW <input type="checkbox"/> RW <input type="checkbox"/> D <input type="checkbox"/> G	Allergies:	
Level of Play: <input type="checkbox"/> AAA <input type="checkbox"/> AA/A <input type="checkbox"/> Select <input type="checkbox"/> House League <input type="checkbox"/> High School		

Please mail in this registration form completed with all necessary fees:

**Make Cheques Payable to:
Top Prospects Hockey School
959 Gabor Court
London , Ontario
N6K 4V5**

Any questions call : 519-641-0629

email: topprospects hockey@rogers.com