



THL ADULT HOCKEY LEAGUE PLAYER REGISTRATION FORM

One registration form per participant. Please print legibly.

Player Name: _____ Female Male

Division: _____ Team Name: _____ Jersey #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: () _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: () _____

Date: _____

Signature: _____