



Conception Bay Regional Minor Hockey Association
P.O. Box 17206, Conception Bay South, NL A1X 3H1
Tel: 709-834-6373 Fax: 709-834-6962
www.cbrminorhockey.com office@cbrminorhockey.com



Atom C/D, Peewee C/D, and Bantam C/D Developmental Team All-star Tryouts

Last Name

First Name

Initial

mm

dd

yy

Player's Name: _____ Birth date: ____/____/____

Mailing Address: _____

Email Address: _____ Tel: _____

Parent/Guardian: _____ Cell: _____

Parent/ Guardian Signature: _____ Date: _____

Position: ☐ Forward ☐ Defence ☐ Goaltender

Division: ☐ Atom ☐ Peewee ☐ Bantam

NOTE: Players selected to an All Star Team must participate in the Provincial Tournament held at Easter. Failure to do so may result in the player not being eligible to try out for All Star in the following season as stated in the By-Laws.

Registration will be accepted by:

- On-line
- FAX TO 834-6962
- EMAIL office@cbrminorhockey.com
- In-person during office hours: dates and times posted on website

PAYMENT OF \$60 (non-refundable) MUST BE ENCLOSED WITH REGISTRATION FORM

Payment accepted by Cash, Visa, MasterCard, or Cheque (payable to CBRMHA)

Note: Visa and MasterCard payments by mail, fax or e-mail must have the Credit Card Payment Form attached. This can be found on CBRMHA website under Forms

☐ Cash or Debit

☐ VISA or MasterCard

☐ Cheque – payable to CBRMHA

Date: _____ Receipt Number: _____

Received by: _____