



**MOUNTAIN STATES YOUTH HOCKEY
REGISTRATION FORM
2008-2009 COMPETITIVE PROGRAM**

Return to: P.O. Box 336841, Greeley, CO 80633-0615

PLAYER NAME: _____ **DOB:** ___/___/___

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **TELEPHONE:** (____) _____

PARENT/GUARDIAN: _____ **E-MAIL ADDRESS:** _____

HEALTH INSURANCE: _____

COMPETITIVE PROGRAM:

Level: Mite (2000 & younger) ___ Squirrt (1998-1999) ___ Pee Wee (1996-1997) ___ Bantam (1994-1995) ___
Midget Minor (1992-1993) ___ Midget Major (1991-1992) ___

Team/Organization played for last season: _____ **Preferred position:** Fwd ___ Def ___ Goal ___

Tryout Fee: (\$75 Tryout/Registration fee is non-refundable, \$100 if postmarked or delivered after July 11, 2008)

Questions/Comments: