Strathroy District Minor Hockey NRP Registration Form 2023-2024

www.sdmha.org

Office use Offig.					
	NRP Passport				
	Rec'd				
	Body Checking				

First Name:			Las	t Name:					
Address:			City:						
Postal Code:		Date of Bi	rth/_	onth /day	_ Gender	: M/F	Goalie:	YES	N
Phone #:									
Home Centre:									
* NRP Passport and a c		rtificate must	be included w	ith completed I	NRP registrati	on form– play	ers will not	be allow	ved o
the ice without one.									
PARENT/GUARDIA	N INFORMA	TION:							
Name:				Call #					
Name				Cell #					
Email:					am interested in	helping out as a	Coach/Train	er	
Name:				Cell #					
Email:				I a	m interested in	helping out as a	Coach/Traine	er	
DIVISION: Please che			1	T=		1	_		
	U12 2012	U13 2011	U14 2010	U15 2009	U16 2008	U18 2006,200	7		
	2012	2011	2010	2009	2008	2000,200	<u>'</u>		
2023 Tryout Fee:						Fee		Amo Pa	
Tryout Fee - For players trying out for ANY travel team U12-18 U18 tryouts in fall						\$100			
	Optional Prep skates April 30-May 5, U18 Prep skates in fall					\$80			
Optional Prep skat		Body Checking Clinic – April 30 th REQUIRED for U14 players trying out for a Travel Team							
	NIC – April 30 th R	EQUIRED for U14	1 players trying	out for a Travel T	eam	\$20	Received		