

# Strathroy and District Minor Hockey Association

Gemini Sportsplex  
667 Adair Boulevard  
PO Box 142  
Strathroy, ON N7G 3J1



www.sdmha.org  
[registration@sdmha.org](mailto:registration@sdmha.org)  
Phone 519.245.0560  
Fax 519.245.5349

## 2013 - 2014 Season Goalie Development Clinic Registration Form

Questions? Call (519) 245-8209 or Email: [development@sdmha.org](mailto:development@sdmha.org)  
Mail or Drop-off Completed Form and Payment by September 15, 2013 to:  
Jamie Bright – 102 Steven Street, Strathroy, ON N7G 4K9

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Years Playing Goalie: \_\_\_\_\_ Division: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*By signing below you are acknowledging that your child is a registered player with the Strathroy & District Minor Hockey Association (SDMHA) for the 2013-2014 Hockey Season and that you are agreeing to adhere to the rules and regulations of the Ontario Minor Hockey Association (OMHA) and the Strathroy & District Minor Hockey Association (SDMHA).*

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A minimum number of registrants are required to make this session work. Should minimum number not be reached money will be refunded.

### For Registrar Use Only:

Fee Received:	\$125 Reg. Fee Paid	Cheque # or Cash	Receipt Given
Registration Fee			