

**GLADWIN AREA YOUTH HOCKEY REGISTRATION
FOR 2008-2009 SEASON**

Players Name: _____ Date of Birth ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ # of years in Organized Hockey: _____

Parent Names: _____

Work Phone #: _____ Cell Phone # _____

Parent Signature: _____

A Raffle fee of \$50.00 is due at registration and you will receive your tickets when they have been printed. You will add this to your first payment due at registration.
If you have any questions you may call Dallas Gerow at home at 989-435-4538 in the evenings.

Mail this form with payment to: GAHA - P.O. Box 181 – Gladwin, MI 48624

GAHA USE ONLY

Division: _____ Fee: _____

Reg Payment: CASH / CHECK# _____ Amount: _____

1st Payment: CASH / CHECK# _____ Amount: _____

2nd Payment: CASH / CHECK# _____ Amount: _____

3rd Payment: CASH / CHECK# _____ Amount: _____

Birth Certificate: YES or NO

Parent will send: YES or NO