



SASKATOON & DISTRICT FEMALE HOCKEY ASSOCIATION INC.

c/o 1105 McMillan Ave., Saskatoon, SK S7L 2T9 Non-profit Corporation #209563 www.cometshockey.ca

2007 – 2008 Hockey Season

Please Print:

Last Name: _____

(Per: Birth Certificate)

Home Address: _____

City, Postal Code: _____

Birth Date (dd/mm/yr): _____

E-mail Address 1: _____

E-mail Address 2: _____

First Name: _____

(Per: Birth Certificate)

Parent – Mother: _____

Phone# (Mother): _____ / _____ / _____

Home

Work

Cell

Parent – Father: _____

Phone # (Father): _____ / _____ / _____

Home

Work

Cell

Preferred Position: _____

Please indicate if you intend to try out for one or more of the following teams: Midget AA _____ Bantam AA _____
Provincial Midget A _____ Provincial Bantam A _____ Provincial Pee Wee AA _____ Provincial Pee Wee A _____
Please contact the division co-coordinator for more information: Tryout Times: _____

PROOF OF AGE: Previously Registered: ___ Yes ___ No

Birth Certificate #: _____

Hospitalization #: _____

NOTE: If a player has NOT been previously registered with SMHA, proof of age must be provided. Please submit at registration a photocopy of proof of age.

CANCELLATION POLICY:

1. A refund of 50% of the full registration fee paid shall be issued if a player quits prior to December 1st. The association fee is non refundable. A formal letter requesting the refund must be provided to the Registrar within seven (7) days of notification that the player has quit.
2. There shall NOT be a REFUND issued if a player quits after December 1st. The effective date for all refunds shall be the date that the Zone Registrar is informed that the player has quit. A formal letter of notification that the player has quit must be provided to the Registrar.
3. Refunds will not be allowed for any registration fee or portion thereof, which were paid using bingo credits.
4. There shall be no appeal of this refund policy under any circumstance. Medical circumstances will be considered with attached documentation.

CONDITIONING CAMP:

To be offered in September (\$40 / four 1 hr skates).

Please check one if you're interested: ___ Yes ___ No

Please make all checks payable to: **Saskatoon & District Female Hockey Association (S&DFHA)**

		BIRTH YR	FEES	
Conditioning Camp (M, B, PW)			\$	40
MIDGET		1990-1992	\$	580
BANTAM		1993-1994	\$	570
PEE WEE		1995-1996	\$	560
ATOM		1997-1998	\$	475
NOVICE		1999-2000	\$	395
INITIATION		2001-2002	\$	250
ASSOCIATION FEE: \$50/per family * Non refundable			\$	50
50/50 Tickets: 1 book per family, please contact Rachelle Raymond by email (r.raymond@sasktel.net) re requests for additional ticket books				\$ 50
SOCKS	Green	White	\$ 15 / pair	
				SUBTOTAL:
* Maximum credit of \$150 at time of registration & must be covered by a post-dated check (dated Nov. 2, 2007), or bingo credits. If no funds are submitted, then KidSport credit will not be applied at time of registration.				*KidSport: ()
** Bingo Credits can only be used for registration fees				**Bingo Credits: ()
Received By:	Cash/Check #	Amount Paid	DATE	TOTAL
			4-6 Sep 07	BALANCE
CHILDREN'S FITNESS TAX CREDIT: The eligible amount is a maximum of \$500 per year for each child who is 16 or under at any time during the taxation year. Full payments are required to be paid in the taxation year. Please keep this form as it will be your tax receipt.			Children's Fitness Eligible Amt	
			Date Paid in Full	
			Authorized Signature:	

White: Registrar, Pink: Treasurer, Yellow: Coordinator, Goldenrod: Player
Sales Receipt _____ Journal Voucher _____ Quickbooks _____ Invoice _____

Payment _____ Payment _____ Payment _____ Payment _____
1. _____ 2. _____ 3. _____ 4. _____