

REGISTRATION FORM
YORKTOWN ICE HOCKEY CLUB

For School Year _07-08_

Male ___ Female ___

Name: _____ Date of Birth: _____

Home Address: _____ Arlington, VA 222__

Phone No.: _____ E-mail: _____

Name of School: _____ School Year (circle): Fresh Soph Junior Senior

USA Hockey CONFIRMATION NUMBER: _____

Name of Parents/Guardians:

Address, if different:

Phone No.: (h) _____ (h) _____

(w) _____ (w) _____

E-mail: _____

For parents: Are you interested in carpooling? _____

How many players (and gear) can you take? _____

Can you volunteer at games? _____

PLEASE RETURN THIS FORM PRIOR TO OCTOBER 19, 2007 TO STEVE GOMBERG, 3250 N. Abingdon Street, Arlington, VA 22207 OR E-MAIL TO SGNEWS@COMCAST.NET