

REGISTRATION FORM

Name: _____

Address: _____

City: _____

Level of Play for 2016/2017 Season (check one):

AAA AA A B AE

Mustangs MD House league

3 on 3 Team: _____

Telephone: _____

Email: _____ Birth Year: _____

Gender: _____ 3 on 3 Team Coach: _____

Date

Signature of Parent or Guardian



Mailing Address:
152 Pinewood Drive
London, ON N6J 3L2

