

Edshockey.com

2017 Fall Application Form

Pay **\$50** per league to hold your spot for fall season
your payment will be applied to your final cost of league
and your payment will be returned if you are not selected
recommended age of players will be over 50

Limited to 4 to 6 teams per league

10 skaters, 1 goalie and 3 Subs per team

Mon C league [] player [] sub

Wed B league [] player [] sub

Starts Sept 9th ends March 30th

U.S.A. Arena for 28 weeks

2 stop time periods of 20 Minutes

Season is 28 skates for league. "Schedules subject to change"

Pay with PAYPAL, CASH or CHECK

MAKE CHECKS PAYABLE to: **Ed's Hockey**

4647 Culver Brighton, MI 48114

PHONE 248 688-4999

E MAIL – ED@EDSHOCKEY.COM

Name: _____ Age: _____ Date of Birth: __/__/__

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Position: _____ F = Forward, D = Defense, G = Goal

Rating: _____ 1 = Excellent 2 = Good 3 = Average 4 = Weak

edited Feb 24th