

IHSHL SUBURBAN CLUB REGISTRATION

SEASON 20____ - 20____

REPORT ANY SUBSEQUENT CHANGES IN THE FOLLOWING INFORMATION IMMEDIATELY

VAR
JV

CLUB NAME: _____
CLUB MAILING ADDRESS: _____
CITY/ZIP: _____
CLUB WEBSITE: WWW. _____



PLEASE PRINT ALL INFORMATION



PRESIDENT:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

TREASURER:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

HEAD VARSITY COACH/DIRECTOR OF HOCKEY:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

HEAD JV COACH:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

IHSHL SUBURBAN LEAGUE REPRESENTATIVE

NAME: _____
CELL PHONE: _____
EMAIL: _____

	NAME	PHONE
VARSAITY MANAGER		
EMAIL		
JV MANAGER		
EMAIL		

OTHER: _____

OTHER: _____