

IHSHL / HAYES-SUBURBAN CLUB REGISTRATION

2016-17 SEASON

VAR

JV

REPORT ANY SUBSEQUENT CHANGES IN THE FOLLOWING INFORMATION AS SOON AS POSSIBLE

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



PRESIDENT:

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

VICE-PRESIDENT: (if applicable)

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

TREASURER:

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

DIRECTOR OF HOCKEY: (if applicable)

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

LEAGUE REPRESENTATIVE (if not listed above)

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

ADDITIONAL CONTACTS (if required by club)

| | NAME | PHONE | EMAIL |
|--------------|------|-------|-------|
| OTHER: _____ | | | |
| OTHER: _____ | | | |
| OTHER: _____ | | | |

E-MAIL THIS FORM TO : rabels_ishl@yahoo.com