

2018-2019 LCHA FALL YOUTH HOCKEY (517) 548-4355

Livingston County Hockey Association, 970 Grand Oaks Drive, Howell, MI 48843

LEARN TO SKATE - LEARN TO PLAY - LEARN THE GAME

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: Male / Female
(mm/dd/yyyy) (circle one)

Address: _____

City: _____ Zip: _____

Home Phone: _____
Father's Mother's

Cell Phone: _____
Father's Mother's

Parent's Names: _____
Father's Mother's

E-Mail: _____
Father's Mother's

Check one box:
 Learn to Skate
 Learn to Play
 Learn the Game

Office Use Only	
USA	_____
BC	_____
C/CK	_____
A	_____
Intl	_____

Required: _____
USA Hockey membership confirmation number

Responsible Parent/Guardian: _____ Date: _____

- Required registration materials must be submitted.**
Incomplete registration will not be accepted.
- 1) 2018-19 Player's registration form
 - 2) Copy of player's birth certificate (US Government issued)
 - 3) 2018-19 USA hockey membership confirmation number
 - 4) Registration fee