

2018-2019 LCHA FALL YOUTH HOCKEY

(517) 548-4355

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

PLAYER REGISTRATION FORM

Last Name: _____ First Name: _____ MI: _____

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

Previous Team: _____ Position: _____

Check one box:

- | | |
|--|---|
| <input type="checkbox"/> 09 Lightning SQ A | <input type="checkbox"/> Howell Prep |
| <input type="checkbox"/> 08 Lightning SQ AA | <input type="checkbox"/> |
| <input type="checkbox"/> 07 Lightning PW A | <input type="checkbox"/> House - Mite |
| <input type="checkbox"/> 06 Lightning PW AA | <input type="checkbox"/> House - Squirt |
| <input type="checkbox"/> 05 Lightning Ban A | <input type="checkbox"/> House - Peewee |
| <input type="checkbox"/> 05 Warriors Ban A | <input type="checkbox"/> House - Bantam |
| <input type="checkbox"/> 04 Lightning Ban AA | <input type="checkbox"/> House - Midget |

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

Required: _____
USA Hockey membership confirmation number

Responsible Parent/Guardian: _____ Date: _____

Required registration listed below: Incomplete registration will not be accepted.

- 1) 2018-19 Players' registration form
- 2) 2018-2019 USA hockey membership confirmation number
- 3) registration fee.