

2019 LCHA SPRING YOUTH HOCKEY

(517) 548-4355

2019 Player Registration Form

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

Player's

Last Name: _____ First Name: _____ MI: _____

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

Address: _____

City: _____ Zip: _____

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

Phone: _____
Father's Mother's

E-Mail: _____
Father's Mother's

USA Hockey Confirmation No

Check one box:

Mite 2011-2012

Squirt 2009-2010

Peewee 2007-2008

Bantam 2005-2006

Midgets 2003-2004

Check box if Goalie

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

Responsible

Parent/Guardian: _____ Date: _____

Return this form along with players' full payment and USA hockey membership confirmation. Registrar requires copy of birth certificate for new skaters to LCHA.