



## REGISTRATION FORM

Box 190, Komoka, Ontario N0L 1R0

Phone: 519-657-1836

Fax: 519-657-2559

### Contact Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / Day / Year

### Player Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Position: \_\_\_\_\_ Shot/Hand: \_\_\_\_\_

07-08 Team: \_\_\_\_\_

07-08 Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Player Stats: GP \_\_\_\_\_ G \_\_\_\_\_ A \_\_\_\_\_ PIM \_\_\_\_\_

Goalie Stats: GP \_\_\_\_\_ GAA \_\_\_\_\_ Sv% \_\_\_\_\_

Registration Fee: \$30.00

Payable to Lambeth Lancers