



## REGISTRATION FORM

Gabe Metron  
44 Marianna Dr  
London ON N6P 1B3  
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### 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