



Where Everyone Can Play

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RINK ADDRESS:
537 Riverside Pavillion
Timmins, Ontario

Office: 705-360-5081
Fax: 705-360-5082

TEAM REGISTRATION FORM

Date: _____

Team Name: _____

Team Colour: _____

Team Sponsor: _____

New Team: [] Yes [] No

Total Investment for Your Team (1,200.00 + GST) \$ 1,284.00

Less 50% Deposit (Must be Included with Team Registration Form) \$ _____

Balance Due the First Day of League Play \$ _____

Payment By: VISA MC Cash Cheque

Credit Card # Exp.

Please Circle the Division you are registering for:

MEN'S A B C D OVER 35 OVER 45

LADIES CO-ED (JACK & JILL)

Please Indicate the Season of League Play you are registering for:

- [] SPRING March - May
[] SUMMER June - August
[] FALL September - November

OFFICIAL TEAM ROSTER

List all players, including Goalie. Player Names Only. Please Print Clearly

1. _____ 9. _____

2. _____ 10. _____

3. _____ 11. _____

4. _____ 12. _____

5. _____ 13. _____

6. _____ 14. _____

7. _____ 15. _____

8. _____ 16. _____

Payments & Registrations

All team registrations must be accompanied by a 50% deposit of the total. The balance owing will be due on the first day of the preferred outdoor ball hockey season.

Team Contact Information:

Name: _____

Phone: _____

Cell: _____

Work: _____

Fax: _____

Full Address: _____

Email: _____

Alternate Team Contact Information:

Name: _____

Phone: _____

Cell: _____

Work: _____

Fax: _____

Full Address: _____

Email: _____

Team Cancellations

All team cancellations will be subject to a \$250.00 Administration Fee prior to the start of the preferred outdoor ball hockey season. No money will be refunded if the team fails to register for league play or fails to pay any remaining balance.