8 & UNDER REGISTRATION 2008-09 SESSION II

Northern Colorado Youth Hockey
7900 Fairgrounds Ave., Windsor, CO 80528 : office@ncyh.org

Player Name: _____ _____ _____
Last *First (Legal)* *Preferred*

Player Date of Birth: _____/ _____/ _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Preferred Email: _____

IMPORTANT UPDATES FROM NCYH, INCLUDING INFOMRATION REGARDING YOUR PLAYERS ACCOUNT, ARE SENT REGULARLY THROUGH EMAIL. PLEASE LIST A PREFERRED EMAIL ADDRESS THAT YOU CHECK OFTEN.

Parent / Guardian (s)

(1) _____ _____ Relationship: _____
Last *First*

Work Phone: _____ Cell Phone: _____

(2) _____ _____ Relationship: _____
Last *First*

Work Phone: _____ Cell Phone: _____

Email 2: _____ Email 3:_____

Played with NCYH in 08-09 Session I or in 2007-08? **YES** **NO**

How many years have you played hockey? _____

How did you hear about our program? _____

REGISTRATION FEE: $195

Method of Payment:

❑ Check ❑ Visa ❑ MasterCard

Check #: _____ Amount: $_____

Card #: _____ Exp. Date: _____/ _____ Amount: $_____

Cardholder Name: _____ Billing Zip Code:_____

I authorize Northern Colorado Youth Hockey to charge my credit/debit card for the appropriate registration fee.

Cardholder Signature: _____ Date: _____

For NCYH use only:
Time Received: _____ AM / PM
Date Received: _____/ _____/ _____
NCYH Initials: _____