

**ADULT HOCKEY
WINTER 2010 REGISTRATION FORM**



Triangle Adult Hockey League Registration **Winter 2010**

Please choose League:

_____ **B Division (Sunday Nights) Starts February 7, 2010**

10 Team Division, Game Times are 4:15pm, 5:45pm, 7:15pm, 8:45pm, 10:15pm

_____ **C Division (Tuesday Nights) Starts January 26, 2010**

6 Team Division, Game Times are 7:30pm, 9pm, 10:30pm

_____ **D Division (Thursday Nights) Starts February 4, 2010**

4 Team Division, Game Times are 9:15pm, 10:45pm **(Times move earlier after February TBA)**

League includes:

- USA Hockey sanctioned League and Officials.
- Individual and Team statistics kept by Point Streak.

Cost: \$285.00 Player / \$142.50 per Goalie

15 games guaranteed. (Includes Playoffs.)

TAHL strongly recommends all players should wear face protection!

FULL PAYMENT AND USA HOCKEY CERTIFICATION IS REQUIRED BEFORE THE FIRST GAME.

Registration: PLEASE PRINT IN ALL REQUIRED FIELDS (*) Registration Deadline JANUARY 20, 2010

Name* _____ Date of Birth* _____ Age* _____

Address* _____ e-mail* _____

City* _____ State* _____ Zip* _____ USA# _____

Position _____ Jersey # _____

Phone #* (H) _____ (W) _____ (C) _____

Team _____ (Only put down team name if the League Director has assigned you to the team.)

Note: All players will be required to wear jerseys that are the correct color and have a number. This is to ensure that statistics can be kept up to date. TAHL is USA Hockey Sanctioned. All players' must be registered and provide proof of registration with USA Hockey. Register @ www.usahockey.com Maximum roster requirement, 16 players and 2 goalies.

I, the undersigned, have read the league rules attached to this registration and agree to play by those rules and the rules outlined by USA Hockey. TAHL reserves the right to refuse any player the right to play for infraction of the league rules or those of USA Hockey and TAHL. I hereby waive all claims against Triangle SportsPlex, its agents or employees for any accidents or mishaps however so occasioned.

Signature: _____ Date: _____

For office use only

Type of Payment: Cash _____ Credit Card _____ Check _____ Check # _____

Payment Received by: _____ Date: _____

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