



Application Form/Team Registration 2009/2010

Return Complete Application with fees due to:

**AVON GROVE HOCKEY ASSOCIATION
P. O. BOX 408
WEST GROVE, PA 19390**

Player's Name _____ DOB _____ SS# _____

Parents/Guardian _____

Address _____

City/State/Zip _____

Home Phone _____ Parents Daytime Ph. _____

Cellular Phone _____ Cellular Phone II _____

Preferred email address(s) _____

Grade entering into fall 2009-2010 _____ School you will be attending _____

USA Hockey registered (2009-2010)? **Yes No** Jersey Size: **YL / YXL / AS / AM / AL / AXL**
(Will be registered with another team?) Numbers Requested _____
(list 3 choices)

Level of Play in fall 2009-2010: **Squirt / Pee wee / Bantam**

Positions Played / Yrs. Experience _____

Teams/Level Skated with last year? _____

Hockey schools/camps/travel clubs attended _____

Additional Teams (if any) you plan on playing on during 2009-2010 _____

Season Fees \$TBD

- I will commit to play for the Avon Grove Hockey Association for the 2009-2010 Season.
- Enclosed is my non refundable season deposit of \$200.

\$ _____ **\$200.00** AGHA Deposit (applied toward season fees)

Player Signature: _____ Parent Signature: _____

Date: _____