



**For Office Use Only:**

**House Payment**

Due when returned \$275.00

October 15<sup>th</sup> \$175.00

November 15<sup>th</sup> \$175.00

**Mite Payment**

Due when returned \$200.00

## Louisville Stallions Hockey Club Registration

**Please Print Clearly**

Players Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

League Applying For:

Learn to Play Mite House

2012-13 USA Hockey Number: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please make checks payable to: Iceland Sports Complex**