

2017 - 2018 LCHA FALL YOUTH HOCKEY

(517) 548-4355

2017-2018 Player House Registration Form Livingston County Hockey Association, 970 Grand Oaks Drive, Howell, MI 48843

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: Male / Female
(mm/dd/yyyy) (circle one)

Address: _____

City: _____ Zip: _____

Home Phone: _____
Father's Mother's

Cell Phone: _____
Father's Mother's

Parent's Names: _____
Father's Mother's

E-Mail: _____
Father's Mother's

Previous Team: _____ Position: _____

Check one box:

- Little Bolts (Learn to Skate)
- Lightning (Learn to Play)
- Mite
- Squirt
- Peewee
- Bantam
- Midget

Office Use Only	
USA	_____
BC	_____
C / CK	_____
A	_____
Intl	_____

Responsible Parent/Guardian: _____ Date: _____

Return registration form along with players' registration fee and their USA hockey membership confirmation form for 2017-2018.