



NORTHERN ONTARIO JUNIOR HOCKEY LEAGUE
 PLAYER REGISTRATION CERTIFICATE



MALE GOALTENDER IMPORT

SURNAME		GIVEN NAME		YEAR	MONTH	DAY
RESIDENTIAL ADDRESS				DATE OF BIRTH		
CITY		PROVINCE	POSTAL CODE:			
TELEPHONE NO.:						
E-MAIL						
IS ELIGIBLE TO PLAY FOR THE _____ <small>(Hockey Team name in full including Association name.)</small>						
RESIDENT AT THE ABOVE ADDRESS SINCE _____						
CITIZENSHIP: CANADA <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER <input type="checkbox"/> : _____						
I registered last with the following Team(s)				Please X if never registered before <input type="checkbox"/>		
YEAR: _____		TEAM: _____		in the _____		Branch/Province
YEAR: _____		TEAM: _____		in the _____		Branch/Province
DATE SIGNED _____		20	PLAYER'S SIGNATURE _____			
DATE SIGNED _____		20	PARENT SIGNATURE _____			