

Cambridge roadrunners Girls' Hockey Association
101 Holiday Inn Drive, PO Box 29046
Cambridge, ON N3C 0E6



2023-2024 Team Registration Intent to Register

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH (DD/MM/YY): _____ DIVISION: _____

PHONE: _____ E-MAIL: _____

PLAYER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE _____

FEE: \$300.00 NON REFUNDABLE DEPOSIT APPLIED TO PLAYER TRAVEL FEES

PAID:

CHEQUE (payable to Cambridge roadrunners Girls' Hockey Association)

E-TRANSFER (sent to: roadrunnerstreasurer@gmail.com)

NAME ON CHEQUE _____

RECEIVED BY: _____ DATE: _____

CrGHA DEPOSIT RECEIPT

RECEIVED FROM (PLAYER NAME): _____ PARENT NAME: _____

DIVISION: _____

\$300.00 NON REFUNDABLE REGISTRATION DEPOSIT DATE: _____

CrGHA SIGNATURE _____

PLAYERS ARE STILL REQUIRED TO REGISTER ONLINE.