

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



## 2024-2025 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.