

FAIRMONT HIGH SCHOOL HOCKEY  
Individual Membership Registration

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skaters Email: \_\_\_\_\_

USA Citizen: Yes or No If no, what country: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parents Email: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

Coupon Books Picked Up: \_\_\_\_\_