



HOCKEY ALBERTA

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*** PLEASE RETURN TO HOCKEY ALBERTA *** 2017 - 2018 SEASON

PLEASE TAKE A MINUTE AND FILL OUT AND RETURN THE FOLLOWING FORM:

Name of Hockey Team: _____

Permanent address of above: _____

(City)

(Postal Code)

E-Mail Address: _____

Please circle one: PRESIDENT or MANAGER

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (R) _____ (B) _____ (F) _____

E-Mail Address: _____

REGISTRAR or SECRETARY

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (R) _____ (B) _____ (F) _____

E-Mail Address: _____

CONTACT PERSON DURING WORKING HOURS (8:30 A.M. - 4:30 P.M.)

If the group contacts above may not be used as a contact during business hours please list a representative from your group who may be contacted by Hockey Alberta between 8:30 a.m. - 4:30 p.m.
ACCESS TO EMAIL IS ESSENTIAL!

Name: _____ Phone#: _____

Email Address: _____