

2024 SUMMER TEAM REGISTRATION FORM TEAM APPLICATION



MANDATORY FORM FOR ALL TEAM ENTRIES (PLEASE PRINT CLEARLY) TEAM INFORMATION

	TEAM NAME					
		REGISTRATION NUMBER (Administration Use ONLY)				
JERSEY C				SEY COLOUR (if applicable	e)	
ULKULT	TEAN	REPRESENTATIVE INFO	ORMATION		51	
FIRST NAME						
STREET			CITY	- POSTAL C	ODE	
HOME PHONE NUMBER		CELL PHONE NUM	IBER	DATE OF BI	RTH (DD/MM/YY)	
		MAIL ADDRESS (for DCAHL office HISTORICAL ST SUMMER SEASON (PRE 0]	
LEAC TEAM PRE		N OF LEAGUE	DIVISION CIAL DETAILS	Didn't Play		
MEN		ALL NIGHTS OF PLAY AND DIVISIONS				
		Current DCAF	IL Team	New DC	AHL Team	
Monday - Tuesday Budlight Budweis		\$5,610.68	+ HST	\$5,911.5	8 + HST	
Wednesday - Thursday	y - Womens -	\$6,340.07		OTAL \$6,680.09 S INCLUDING PLAYOFF		
	Open	NT TERMS FOR TEAM RE	GISTRATION			
EAM DEPOSIT - Dec 29 ** NON ST PAYMENT - MAR. 4 ND PAYMENT - APR 1 RD PAYMENT - APR 29		\$1,000 1/3 OF REMAINING BALANCE PAID 2/3 OF REMAINING BALANCE PAID TOTAL BALANCE PAID				
	CREDIT	CARD INFORMATION (IANDATORT)	Expiry	CVV	
VISA CREDIT	CARD NUMBER			Mo. Yr.		
MC CARDH	OLDER NAME		SIGNATURE			
AMEX TRANS/	ACTION AMOUNT					
By signing this form, you authori made. All	ze DCAHL staff to credit your payments must be made prio				ngements have been	