

Central Plains Regional Hockey

2011 Bantam Challenge Registration Sheet

Given Name:		Last Name:	
Date of Birth:	Parents:		
Address:			
City/Town:		Postal Code:	
Phone Numbers:		Email:	
Medical Numbers:			
Medical Conditions or Concerns:			
Minor Hockey Association:		Last Team:	
Position: Center (Highlight all that apply)	Wing	Defense	Goal
Shot : Left	Right		

