

Registration Form-Youth Inline Hockey- ALL AMERICAN –Winter-2011-12

WELCOME to another exciting season of inline hockey at All-American Sports mall. For our returning families, we appreciate your dedication to our leagues, and to our new families; we welcome you to an exciting and pleasurable environment. We are committed to helping you and your player have an enriching experience while playing here. There are many benefits derived from playing hockey. Boys and girls learn good sportsmanship and self-discipline. They discover how to work together, how to sacrifice for the good of the team how to enjoy victory and how to handle defeat. We ask that you be your child's biggest fan and enjoy your time here with us. Please feel free to contact us with any questions, comments or suggestions. We welcome your thoughts~!

The Staff of All-American Sports Mall
314-487-4625
www.allamericaninlinehockey.com
11133 South Lindbergh Business Ct, St. Louis, MO 63123

YOUTH REGISTRATION FORM -----> Winter-2011-12
NEW TEAM NAME PLACEMENT _____

PRIOR TEAM NAME _____

Child's Name: _____ How long have you played? Roller _____ Ice _____

Current Age: _____ Date Of Birth: Month _____ Day _____ Year _____

Home Phone _____ Cell Phone _____

E-MAIL ADDRESS (MANDATORY) _____

Mom's Name: _____ Dad's Name: _____







Mailing Address: _____

City _____ Zip Code _____

Are you a goalie? _____ Interested In Coaching? (Yes) (No)

Fees: \$145.00 For the Session, An Additional \$30.00 will apply to new players participating on a house team (This is a one time fee, unless you need a jersey replacement) **15% prepay discount available if paid prior to 12-31-2011**

Division: *Name of School Currently Attending* _____

-  8U/Open Div (2003 & younger) _____
-  10U _____ (2001-2002)
-  12U _____ (1999-2000)
-  14U _____ (1997-1998)
-  17U _____ (1994-1995-1996)
-  High School/18U _____

LEARN TO PLAY ☺ (open Div) Included in your fee
FULL TIME GOALIES \$25.00 _____
LTP (Not in league) \$50.00 _____
(15% discount available until 12-31-11) Deadline enforced. Register EARLY.

Amount Paid _____ Pre-Pay Disc Applicable _____ (Y/N) Date _____ Check Number _____ Cash _____
Credit Card _____

Employee Name: _____ Special Notes: _____

Need Jerseys Yes _____ No _____ Size Needed _____ RECEIPT NUMBER: _____