ADULT HOCKEY
WINTER 2012 REGISTRATION FORM

Triangle Adult Hockey League Registration Winter 2012

Please choose League:

_____**B** Division (Sunday Nights) Starts January 8, 2012
10 Team Division, Game Times are 4:15pm, 5:45pm, 7:15pm, 8:45pm, 10:15pm

_____**C** Division (Tuesday Nights) Starts January 3, 2012
6 Team Division, Game Times are 7:30pm, 9pm, and 10:30pm

_____**D** Division (Thursday Nights) Starts January 5, 2012
4-6 Team Division, Game Times are 9:30pm, 10:45pm Seasonal game times until March/April

League includes:

- USA Hockey sanctioned League and Officials.
- Individual and Team statistics kept by Point Streak.

Cost: $292.50 per Player / $146.25 per Goalie

15 games guaranteed. (Includes Playoffs.)
TAHL strongly recommends all players should wear face protection!

FULL PAYMENT AND USA HOCKEY CERTIFICATION IS REQUIRED BEFORE THE FIRST GAME.

Registration: PLEASE PRINT IN ALL REQUIRED FIELDS (*) Registration Deadline December 20, 2011

Name*_____ Date of Birth*_____ Age*_____
Address* _____e-mail* _____
City* _____ State* _____ Zip* _____USA#_____
Position_____ Jersey #_____
Phone #* (H)_____ (W) _____(C)_____
Team _____(Only put down team name if the League Director has assigned you to the team.)

Note: All players will be required to wear jerseys that are the correct color and have a number. This is to ensure that statistics can be kept up to date. TAHL is USA Hockey Sanctioned. All players' must be registered and provide proof of registration with USA Hockey. Register @ www.usahockey.com Maximum roster requirement, 16 players and 2 goalies.

I, the undersigned, have read the league rules attached to this registration and agree to play by those rules and the rules outlined by USA Hockey. TAHL reserves the right to refuse any player the right to play for infraction of the league rules or those of USA Hockey and TAHL. I hereby waive all claims against Orange County SportsPlex, its agents or employees for any accidents or mishaps however so occasioned.

Signature: _____ Date:_____

For office use only
Type of Payment: Cash _____ Credit Card _____ Check _____ Check #_____
Payment Received by: _____ Date:_____

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