

# ITC Registration Form



Registering for:

**League** or **Tournament** or **Clinic**

(circle one)

**Name of Event or Program:** \_\_\_\_\_

Team or Individuals Name: \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

<b>Player</b>	<b>No.</b>	<b>Player</b>	<b>No.</b>
1) _____		12) _____	
2) _____		13) _____	
3) _____		14) _____	
4) _____		15) _____	
5) _____		16) _____	
6) _____		17) _____	
7) _____		18) _____	
8) _____		19) _____	
9) _____		20) _____	
10) _____		Goalie: _____	
11) _____		Goalie: _____	

### Payment Information:

Total registration fee for this program is \$ \_\_\_\_\_. Depending on program, full payment may be required by first session.

### Please indicate payment type and amount:

\_\_\_ Check

\_\_\_ Cash

\_\_\_ Master Card / Visa

cc# \_\_\_\_\_ exp \_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_