

HUB CITY

HOCKEY

Hub City Men's League '09/'10

Individual Application

Should you want to register for the Hub City Hockey Adult Hockey League please fill out the application below and send along with payment to Hub City Hockey, PO Box 336, Bridgewater, MA 02324

Questions, please call Todd Stirling@hubcityhockey.com or call 508-279-2841

REGISTER ONLINE @ www.hubcityhockey.com



Hub City Men's League Application (\$375.00 per player)

Please mail application and payment before August 15th to:
Hub City Hockey, P.O. Box 336, Bridgewater, MA 02324



Today's Date: _____

Name: _____ Position: _____ Date of Birth: _____

Billing Address: _____ E-mail Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Winter Team: _____

Insurance Company _____ Policy # _____

Credit Card # (if applicable): _____ Expiration Date: _____

Name on Card: _____ 3 Digit Security Code: _____

Hockey Info: (for placement purposes)

- 1.) Did you play college hockey? _____
- 2.) Did you play High School hockey? _____
- 3.) How many years have you played hockey? _____
- 4.) What level would you rate your play? _____

sign up online **www.hubcityhockey.com** Todd Stirling 508-279-0600x111