



## Team Entry 2025 Recreational Hockey Registration Form

- |                                  |                          |  |
|----------------------------------|--------------------------|--|
| Sundays – D and C Levels         | <input type="checkbox"/> | *team fee is \$3675.00 - (12 games guaranteed)     |
| Mondays – D and C Levels         | <input type="checkbox"/> | *team fee is \$3675.00 - (12 games guaranteed)     |
| Mondays – 35 + division          | <input type="checkbox"/> | *team fee is \$3675.00 - (12 games guaranteed)     |
| Tuesdays – D and C Levels        | <input type="checkbox"/> | *team fee is \$4575.00 - (15 games guaranteed)     |
| Wednesdays – Premier Elite Level | <input type="checkbox"/> | *team fee is \$4475.00 - (15 games incl. playoffs) |
| Thursdays – C and B Levels       | <input type="checkbox"/> | *team fee is \$4575.00 - (15 games guaranteed)     |

**\*All TEAM entries include a ticket for each participant to the \*Year End Banquet\***

### **INSTRUCTIONS:**

1. Fill out both pages of registration form in detail.
2. Send to [artbevis@newdirectionhockey.com](mailto:artbevis@newdirectionhockey.com)

Or mail with payment to:

*Hats Off Sports Groups c/o*

New Direction Hockey

553516 Mono Amaranth T Line, Amaranth, ON. L9W 0S9

Attention: Recreational Hockey League

### **TEAM REP Contact Info:**

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**\*\*Email:** \_\_\_\_\_

### **ALTERNATE TEAM REP Contact Info:**

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*Email:** \_\_\_\_\_

I, the undersigned hereby indemnify and save harmless **New Direction Hockey Leagues** from all actions, claims, and demands for damages, loss or injury howsoever arising which hereto after may be sustained by, and further agree to pay my league fees in accordance with **The New Direction Hockey Leagues** payment policy.



Date:

Signature:

DEPOSIT of \$500.00 MUST ACCOMPANY THIS REGISTRATION:

Cash  Etransfer  Cheque # \_\_\_\_\_ Make all cheques payable to: **Hats Off Sports**

**TEAM INFO:**

(Please Print)

TEAM NAME:
Team Rep Contact Name:
Years team has been in existence:
<b>*League &amp; Division (from *2023 Season):</b>
Which Division would you like to play in: <input type="checkbox"/> Sunday - C, D Division
<input type="checkbox"/> Monday - C, D Division <input type="checkbox"/> Monday - 35+ <input type="checkbox"/> Tuesday - C, D Division
<input type="checkbox"/> Wednesday - PREMIER ELITE Division <input type="checkbox"/> Thursday - A, B, C Divisions
Jerseys Colours:

**ROSTER:**

Jersey#	Players Full Name	Phone #	Email Address

