

**FSIN OFFICE**  
**10-134 Kahkewistahaw Crescent, Saskatoon, SK**  
**S7R 0M9 sportsandrec@fsin.com**

**FSIN CHAMPIONSHIP TEAM REGISTRATION FORM - YOUTH**

TEAM NAME: \_\_\_\_\_ CENTER: \_\_\_\_\_ AGE CLASS: \_\_\_\_\_  
(ie: U11, U15)

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET OR BOX	CITY / TOWN	POSTAL CODE	BIRTHDATE MONTH DAY YEAR	LAST TEAM REGISTERED ON
1. Goalie						
2. Goalie						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

**\*\*NOTE: PLEASE PLACE AN ASTERISK (\*) BESIDE THE FEMALE HOCKEY PLAYERS\*\***  
**\*PLEASE PRINT CLEARLY - FILL OUT ENTIRE FORM (INCLUDING MAILING ADDRESS & POSTAL CODE) - THANK YOU\***

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET OR BOX #	CITY/TOWN	POSTAL CODE	PHONE #	B-DAY D/M/Y	E-MAIL ADDRESS
MANAGER								
COACH								
ASS'T COACH								
TRAINER								
STICK BOY								

DATE: \_\_\_\_\_ SIGNATURE OF TEAM OFFICIAL: \_\_\_\_\_

<b>HOCKEY SASKATCHEWAN OFFICE USE ONLY</b>	<b>DATE APPROVED:</b>	<b>HOCKEY SASKATCHEWAN GENERAL MANAGER:</b>
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