
PRE-REGISTRATION FORM FOR AMHA FALL HOCKEY 2011/12

Cost \$50 per player

All participants must have a current IMR

Skaters Name _____ Birth Date _____

Skaters Name _____ Birth Date _____

Skaters Name _____ Birth Date _____

Address _____ City _____ Zip _____

Parents/Guardian _____ Home Phone# _____

Email Address _____ Cell Phone # _____

Level

Initiation _____ **Tykes** _____ **Mites** _____ **Squirt** _____

Pee Wee _____ **Bantam** _____ **High School** _____

Payment Enclosed \$ _____

Mail to: AMHA, P.O. Box 1492, Ames, IA 50014 by **May 31st**, 2011