

Registration Form-Youth Inline Hockey- ALL AMERICAN –FALL

WELCOME to another exciting season of inline hockey at All-American Sports mall. For our returning families, we appreciate your dedication to our leagues, and to our new families; we welcome you to an exciting and pleasurable environment. We are committed to helping you and your player have an enriching experience while playing here. There are many benefits derived from playing hockey. Boys and girls learn good sportsmanship and self-discipline. They discover how to work together, how to sacrifice for the good of the team how to enjoy victory and how to handle defeat. We ask that you be your child’s biggest fan and enjoy your time here with us. Please feel free to contact us with any questions, comments or suggestions. We welcome your thoughts~!

The Staff of All-American Sports Mall
314-487-4625
www.allamericaninlinehockey.com
11133 South Lindbergh Business Ct, St. Louis, MO 63123

**YOUTH REGISTRATION FORM -----> FALL
NEW TEAM NAME PLACEMENT _____**

PRIOR TEAM NAME _____

Child’s Name: _____ How long have you played? Roller _____ Ice _____

Current Age: _____ Date Of Birth: Month _____ Day _____ Year _____

Home Phone _____ Cell Phone _____

*** May we text you game day information _____ Player TShirt Size: _____**

E-MAIL ADDRESS (MANDATORY) _____

Mom’s Name: _____ Dad’s Name: _____







Mailing Address: _____

City _____ Zip Code _____

Are you a goalie? _____ Interested In Coaching? (Yes) (No)

Fees: \$150.00 for the Session: **10% prepay discount available if paid on/before August 31, 2017**

Division: **Name of School Currently Attending _____**

-  8U/Open Div (2008 & younger) _____
-  10U _____ (2006-2007)
-  12U _____ (2004-2005)
-  14U _____ (2002-2003)
-  16U _____ (2000-2001)
-  High School/18U _____

**LEARN TO PLAY ☺ (open Div) Included in your fee
FULL TIME GOALIES \$25.00 _____**

2Nd Team FREE for Goalies!!!

LEARN TO PLAY ONLY\$25.00 _____

Amount Paid _____ Pre-Pay Disc Applicable _____ (Y/N) Date _____ Check Number _____ Cash _____
Credit Card _____

Employee Name: _____ Special Notes: _____

RECEIPT NUMBER: _____