



2010 – 2011 FLAMES REGISTRATION

Manchester Regional Youth Hockey Association

Please complete this registration and mail along with your NON-REFUNDABLE tryout fee payable to MRYHA

Flames AAA & AA \$65 if received by March 5th walk-on \$80

Flames A \$40 if received by March 19th walk-on \$65

Please specify tryout level AAA _____ AA _____ A _____

Mail to: DANIELLE MARTINEAU
5 HAMPTON COURT
GOFFSTOWN, NH 03045

If you have questions please contact Danielle@MRYHA.org

PLAYER NAME: _____ DATE OF BIRTH _____ *include year*

ADDRESS: _____

CITY/TOWN _____ ZIP CODE: _____

HOME #: _____ CELL #: _____ EMAIL: _____

PARENT(S)/GUARDIAN(S) NAME: _____

DIVISION: _____ FORWARD _____ DEFENSE _____ GOALIE _____

IF YOU ARE INTERESTED IN SPONSORING A TEAM, PLEASE PROVIDE CONTACT INFORMATION: _____
_____ *MRYHA IS A NON-PROFIT, SPONSORSHIP IS TAX DEDUCTABLE!*

Association last played for: _____ Season: _____

Division and Team last played for: _____

- *If you did not play for MRYHA in 2009-2010 please mail a copy of your birth certificate with registration. Upon selection to a team, we will require a Player Release from your current Association.*

If you are not a current MRYHA player, please provide your current USA Hockey Registration # otherwise a waiver of liability must be signed upon check-in. _____

Payment Method: Check/Money Order _____ *payable to MRYHA*

MC/VISA: _____ Expiration: _____ Amount: _____

Authorized Signature: _____

Registration must be complete with payment or it will be returned.

Parent/Guardian Signed: _____ Dated: _____