



2011-12 KIDS CLUB REGISTRATION FORM

Kids Club Member Name: _____

Address: _____

City: _____ Province: _____

Date of Birth: _____

Email: _____

Phone: _____

Parent/Legal Guardian Name: _____

PLEASE CHECK T-SHIRT SIZE: YouthS ____ YouthM ____ YouthL ____ YouthXL ____ AdultS ____

MAKE CHEQUES PAYABLE TO (\$20): Blind River Beavers Junior A Hockey

MAIL TO:
Blind River Beavers - Junior "A" Hockey
PO Box 489, 110 Indiana Ave.
Blind River, Canada
P0R 1B0