



CSHL  
 Christian Sports Hockey League  
 Joe and Dee Green  
 3105 Hwy 11, RR2 Oro Station ON L0L 2E0  
 Office: 705-487-6595 Fax: 705-487-1799  
 Emergency #: 705-794-4021  
 Email: [hockey@christiansports.ca](mailto:hockey@christiansports.ca)

## OFFICIAL 2011 / 2012 REGISTRATION Form

<http://www.christiansports.ca>

**\*\_\*\_\*\_\*\_\* RETURNING PLAYER REGISTRATION DEADLINE September 16<sup>st</sup> 2011 \*\_\*\_\*\_\*\_\***  
 After September 16<sup>th</sup> your spot opens up to anyone interested! Don't delay – Call Now!

Name:	
Street Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Email:	Date of Birth (mm dd yyyy):

<h3>Registration Fees</h3> <p><b>Ice Time:</b> Saturdays 6:00am <b>Location:</b> Guthrie Arena (4<sup>th</sup> line of Oro)  <b>Dates:</b> October 01, 2011 – March 31, 2012 – Insurance is included, for details please contact the office.</p>	<p style="text-align: center;"><b>Weekly pay and play</b>        \$15.00 per week  <b>Players MUST call the office to reserve a spot prior to the Saturday ice time.</b></p>
<p><b>Option 1</b> <input type="checkbox"/></p> <p><b>One Payment - \$295.00</b>        Payment submitted with application "in full" by Cash, Credit Card, Money Order, Check or Email transfer to <a href="mailto:admin@christiansports.ca">admin@christiansports.ca</a></p>	<p><b>Option 2</b> <input type="checkbox"/></p> <p><b>Two Payments of 170.00 ea</b>        First payment submitted with application, 2<sup>nd</sup> post dated check or credit card payment dated / processed on November 15<sup>th</sup>, 2011</p>
<p><b>Option 3</b> <input type="checkbox"/></p> <p><b>Five Payments of \$75.00 ea</b>        Post dated check or credit card Dated/ Processed the 1<sup>st</sup> day of each month starting September 1<sup>st</sup>, 2011</p>	

*Note: Email Trans -Use Password: hockey2011. You must still submit your completed registration Form*

<b>Indicate Method of Payment:</b>	
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash	
<b>Card Account Number:</b>	
<b>Expiry Date:</b>	<b>*CVV #:</b>
<b>Name on Card:</b>	
<small>* MANDITORY - CVV Number is the last 3 digits of the security code located on the back of your card</small>	
<b>Signature:</b> _____	<b>Date:</b> _____
Cardholder will pay to issuer of the charge card presented herewith the amount in accordance with the issuer's agreement with the Cardholder.	

Note: Do not send cash through the mail. \$30.00 service charge for NSF Cheques. Checks and Money Order are to be made payable to **Christian Sports** and delivered with this application to our office - 3105 Hwy 11 North, Oro (Computer Elite Building)

**Serving Barrie, Orillia and Surrounding Area**

Office Hours: Mon–Thur 9am–6:30pm Fri 9am–5pm Saturday 10:00am – 2:00pm Closed Sundays  
 \* Co-Ed Slo-Pitch \* Men's Slo-Pitch \* Men's Hockey \* Paintball \*