



Since 1951

BULLDOGS REP - 2010/2011 SEASON SPRING TRYOUTS REGISTRATION

Burlington Lions Optimist Minor Hockey Association
3455 Fairview Street, Burlington ON L7N 2R4 • T 905.637.0731 • F 905.637.3556



REGISTRANT INFORMATION:		Birth Certificate Required When Registering	
Last Name		First Name	
		D.O.B. dd mmm yy	
Street Address			
City		Postal Code	Year moved into current residence _____
Previous address if less than 2 years:			
Phone		Email	
Level of hockey played in Burlington 2009/2010 season		BLOMHA REP House League <input type="checkbox"/> A <input type="checkbox"/> MD <input type="checkbox"/>	
		EAGLES A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/>	
Other Association and level played 2009/2010 season			N/A <input type="checkbox"/>
Position played Forward <input type="checkbox"/> Defence <input type="checkbox"/> Goalie <input type="checkbox"/>			
SPRING TRYOUT FEE - \$110.00 • CASH OR CHEQUE ONLY • PAYABLE TO BLOMHA			
IMPORTANT			
<ul style="list-style-type: none"> • Each player will be issued a Bulldogs tryout sweater • There are ABSOLUTELY NO REFUNDS. • Please read Program Information sheet for Rep fee structure and initial below. 			
PARENT STATEMENT OF CONSENT			
I acknowledge that all of the above information is correct and I understand that regardless of whether my son/daughter attends all of the tryouts I will be charged the full fee of \$110.00.			
Parent / Guardian Signature		Date	
Program Information sheet received _____ (parent initial required)			
OFFICE USE ONLY			
Division			
Cheque <input type="checkbox"/> Cheque No.		Amount \$	
		Cash <input type="checkbox"/> Amount \$	
BLOMHA Initials		Date	