



## 2024 SPRING HOCKEY LEAGUE REGISTRATION FORM

<u>Team Name:</u>		<u>Circle Division:</u> Gold Silver Bronze	
<u>Captain's Name:</u>		<u>Shirt Color:</u>	
<u>Address:</u>			
<u>City:</u>	<u>State:</u>	<u>Zip:</u>	
<u>Phone:</u>			
<u>Email:</u>			
<u>Signature:</u>		<u>Date:</u> /     /	

**Email this completed form and preliminary roster to  
Chelsie.oneil@readingpa.gov**