

## 2021 FALL DEK HOCKEY LEAGUE REGISTRATION FORM

Team Name:	<u>Cir</u>	cle Division:	Gold	Sil	ver	Bronze
<u>Captain's Name</u> :	Shirt Color:					
Address:						
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<u>City:</u>	State:			Zip:		
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Phone:						
Email:						
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Signature:	Da	<u>te:</u> /		/		

Email this completed form to matthew.lubas@readingpa.gov