

ADULT LEARN TO PLAY HOCKEY

REGISTRATION FORM

First Name _____ Last Name _____

Address: _____

City: _____ Zip _____

Home Phone _____ Email _____

Age _____ D.O.B _____

USA HOCKEY REGISTRATION # _____

SESSION (circle one): 1 2

****Please fill out attached Waiver Form and mail registration, waiver form and payment to:**

Lake George Forum
2200 State Rt. 9
Lake George, NY 12845

Or

REGISTER IN PERSON AT THE LAKE GEORGE FORUM