



Lakehead THUNDERWOLVES

Men's Hockey

PLAYER INFORMATION

Last Name: _____ First Name: _____ Gender _____

D.O.B: _____ City: _____ Prov: _____

Address: _____

Postal Code: _____

Last Team: _____ Highest Level Played: _____

Last Head Coach: _____ Coach Contact Number: _____

Position: _____ Height: _____ Weight: _____

PARENT INFORMATION

Parent(s) Name: _____ Email: _____

Phone #: _____ Cell: _____

PAYMENT INFORMATION

VISA ___ or MASTERCARD ___

Card #: _____ Exp Date: _____

Please fax form to - 807 343 0043 or email to jtpayett@lakeheadu.ca

You can also register over the phone – Call John at 807 766 7285