

## **REGISTRATION FORM** 2025 - 2026 **SEASON**

	PRESENT MEMBER	NEW TO SAJHL		
Family Name of Player(s)		Church W	Church We Attend, if any	
Father's Name:	Mothe	er's Name:		
Street Address:				
City:	Postal Code:			
E-mail(s):				
Phone 1:	Ph	one 2:		
Player's First Name		Birth Date (YYYY/MM/DD) / /		
Position: (circle) Forward Defence	Goalie Desired Team-mate (no quarantees)	· · · · · · · · · · · · · · · · · · ·		
Hockey seasons played:	Plan to play in more than one hockey lea	gue? Yes No		
Medical Concerns:	(note: player must attend minimum of 50	% of regular season games to play in playoffs		
Player's First Name		Birth Date (YYYY/MM/I	OD)	
Position: (circle) Forward Defence	Goalie Desired Team-mate (no guarantees	!):		
Hockey seasons played:	Plan to play in more than one hockey lea (note: player must attend minimum of 50	Plan to play in more than one hockey league?  (note: player must attend minimum of 50% of regular season games to play in playoffs)		
Medical Concerns:				
REGISTRATION FEES:			-	
Birth Year 2009 to 202	1: players @ \$385 e	each = \$ due	pefore credits	
conclusion of the season. Apply	or season, playoff and championship gar or a \$35 credit for each player that played or each of the 3rd and subsequent playe	d in the league last season for game		
			Fees: \$	
			Less Credits: \$	
		TOTAL PAYMENT:		
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**Payment:** Send payment either by cheque to the address below made payable to The Salvation Army or by Visa by calling the church office at the phone number below. Registration forms will not be considered as submitted to be considered for a spot in the league until payment has been received. No refunds will be issued after October 1, 2025.

Please forward your completed registration form via email to mail@sajhl.com or by mail with cheque for fees due to:
Northridge Community Church - The Salvation Army
15338 Leslie Street, Aurora ON, L4G 7C4
Phone: 905-895-6276