



Blades of Steel Hockey Program Commitment to Attend Registration Form

Players Name: _____

Birth Date mm/dd/yyyy: _____

Mailing Address _____

Home Phone: _____

Fathers Name: _____ Cell: _____

Mothers Name _____ Cell: _____

Email address1: _____

Email address2: _____

_____ (players name) would like to be a part of the 2018 edition of the Blades of Steel hockey program. I _____ (Guardians name) support my child's participation in this program this year.

_____ Guardians Signature

Email this form to: john@bladesofsteelhockey.com