



10240 135 Street, Surrey, B.C. V3T-4C2
Ph 604-584-3887 Fax 604-533-1146
www.centralcityarena.ca

Roller Hockey Team Registration Form (\$500 DEPOSIT IS REQUIRED)

Team Name: _____

Team Jersey Color: _____

Team Contact: _____
Last Name First Name Middle Initial

Street Address/Apt#: _____

City/Town Province Postal/Zip Code

Phone Number: _____
(Daytime) (Work) (Other)

Email: _____ Today's Date: _____

Secondary Contact: _____
Last Name First Name Phone Number

How would you rate your team? ___ Beginner ___ Average ___ Good ___ Excellent