

2008 CHICAGO FORCE SUMMER SKATE REGISTRATION

PLAYER'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PLAYER'S PHONE NUMBER _____

PLAYER'S DATE OF BIRTH _____ **POSITION** _____

HEIGHT _____ **WEIGHT** _____ **SHOOTS** _____

TEAM LAST PLAYED FOR _____

COACH LAST PLAYED FOR _____

COACH'S PHONE # _____

PLAYER WILL PAY \$200.00 FOR ALL TWELVE SUMMER SKATES: YES _____

CHECK # _____ **CASH** _____

CREDIT CARD # _____ **EXP DATE** _____

PLAYER WILL PAY \$20.00 PER SESSION: YES _____

CHICAGO FORCE REPRESENTATIVE _____ **DATE** _____

Please return all completed forms to:
Dick Glass
Chicago Force Hockey
1655 Nations Drive
Gurnee, IL 60031
or Fax to 847-662-4462 Attention: Dick Glass