



Make checks payable to:
Wichita Falls Hockey Association
P.O. Box 1983
Wichita Falls, Texas 76307

Player Information

Registration Fee: \$450.00

Player Name: _____

Parent(s) Name(s): M- _____
F- _____

Age: (M/D/Y) ___ / ___ / ___

Current School: _____

Shoots Right/Left: _____

Position: _____

Years of hockey experience? _____

Ever play organized hockey? Y/N: _____

Players Address: _____

Telephone Numbers: Home: _____

Work: _____

Cell: _____

Parents E-Mail: _____