

Tri-Valley Minor Hockey Association

Contact Verification Form

Complete Each Line and Sign at the Bottom

(Please Print)

(Please print name exactly as it appears on individual's birth certificate)

Player's Last Name: _____

Player's First Name _____

Player's Middle Name _____

Player's Date of Birth: _____

Player's Citizenship: **U.S. /Canada/ Other** _____
(Circle One) If you circled other, please indicate country of birth

Street Address: _____

City: _____ Zip Code: _____

Father's Name: _____

Mother's Name: _____

Home Phone: _____

Cell Phone(s): Father _____
Mother _____

Email Address(s): Father _____
Mother _____

Hockey Club Prior to this Season: _____

I certify the above information to be true.

Print Name: _____ Date: _____

Signature: _____