

ISHL CLUB REGISTRATION

SEASON

VAR
JV

REPORT ANY SUBSEQUENT CHANGES IN THE FOLLOWING INFORMATION IMMEDIATELY

CLUB NAME: _____
CLUB MAILING ADDRESS: _____
CITY/ZIP: _____
CLUB WEBSITE: _____ WWW. _____



PLEASE PRINT ALL INFORMATION



PRESIDENT:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

TREASURER:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

HEAD VARSITY COACH/DIRECTOR OF HOCKEY:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

HEAD COACH JV:

NAME: _____
ADDRESS: _____
CITY/ZIP: _____ FAX NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

VARSAITY MANAGER

JV MANAGER

NAME	PHONE	EMAIL

OTHER: _____
OTHER: _____
OTHER: _____
OTHER: _____
OTHER: _____