

RIAHA "AA" REGISTRATION FORM

(Please fill out, print and bring with you to tryouts)

Player's First Name *

Player's Last Name *

Date of Birth *

USA Hockey Number

Street Address *

City *

State *

Postal/Zip Code *

Phone Number *

Email Address *

2010-2011 RIAHA State League Affiliate (Newport, CLCF, etc.) *

Position (forward, defense, goalie)

Parent's Information

First Name *

Last Name *

Email Address *

Phone Number *

For office use only:

Paid: cash: _____

ck: _____

N/S: _____