

NEPEAN GIRLS HOCKEY ASSOCIATION

PLAYER INFORMATION FORM

NGHA TEAM _____

SEASON _____

PLAYER

Name: _____

Telephone: _____

Email: _____

Address: _____

PARENTS/GUARDIANS (Please list in order of contact priority)

1. Name: _____

Phone: home _____ work _____ cell/pager _____

Email: home _____

work _____

2. Name: _____

Phone: home _____ work _____ cell/pager _____

Email: home _____

work _____

3. Name: _____

Phone: home _____ work _____ cell/pager _____

Email: home _____

work _____