ST. ALBERT MERCHANTS
REGISTRATION FORM
PLEASE PRINT CLEARLY
COMPLETE FORM AND EMAIL TO STEVEN.BARWICK@TELUS.NET

NAME:_____

ADDRESS:_____

CITY:_____ PC:_____

HOME PHONE:_____ CELL PHONE:_____

EMAIL ADDRESS:_____

DATE OF BIRTH (DAY/MONTH/YEAR):_____/_____/_____

PARENTS/GUARDIANS NAMES: (if under 18 at beginning of camp)

_____

TEAM AND LEAGUE FROM 2025-26:_____

HEIGHT:_____ WEIGHT:_____

POSITION:_____