

Coast Hockey League - Team Information Form



Please include information for Team Manager and a second contact person (below) so we have a backup in the event the Primary Contact is unavailable.

First Name	
Last Name	
Email (required)	
Team Name	
Division	
Primary Jersey Colour	
Secondary Jersey Colour	
Address	
City	
Province	
Postal Code	
Home Phone	
Work Phone	
Mobile Phone	
Fax	
Company	
Occupation	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday (mm/dd/yyyy)	
Time Preferences (Good/Bad)	
...cont...	
Additional Info/Notes	
Secondary Contact:	
First Name	
Last Name	
Email (required)	
Home Phone	
Work Phone	
Mobile Phone	