

RUSSELL MINOR HOCKEY ASSOCIATION  
APPLICATION FOR REGISTRATION

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Township: \_\_\_\_\_ School \_\_\_\_\_

No. of players per family ( ) X \_\_\_\_\_  
Player Signature

Where did you play hockey last year? \_\_\_\_\_

Parents are asked to indicate (x) below the area in which they are willing to assist our association.

coaching \_\_\_\_\_

time-keeper \_\_\_\_\_

refereeing \_\_\_\_\_

other \_\_\_\_\_

chauffeur \_\_\_\_\_

other \_\_\_\_\_

X \_\_\_\_\_  
Parent's Signature

*I believe in gittin' as much good outen  
life as you kin - not that I ever set out  
to look fer happiness; seems like the folks  
that does, never finds it. I jes' do the  
best I kin where the good Lord put me at,  
an' it looks like I got a happy feelin' in  
me 'most all the time.  
- Mrs. Wiggs.*

**BILL LOUCKS**

**BARBER**

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