

MOELLER

CRUSADERS ICE HOCKEY

MOELLER ICE HOCKEY REGISTRATION 2015-2016

Player Information

Player Name:		
Address:		
City:	State:	Zip:
Grade in Fall: 9 10 11 12	Birthdate: -----/-----/-----	
Player School E-mail	Player Personal E-mail	
Home Phone:	Cell Phone:	
Parent E-mail:		
Father's Name:	Mother's Name:	
Parent Address (if different from above):		
Cell Number Father's	Cell Number Mother's	
Emergency Contact:	Emergency Phone:	

Please return registration with \$300.00 non-refundable deposit by June 1 to:

Moeller High School
9001 Montgomery Rd
Cincinnati, Ohio 45242
Attn: Hockey Program

Question?

Coach Mike Reeder (513)885-0786

e-mail moellerhockey@hotmail.com