

2017
COMETS
 **PRO COMBINE**
REGISTRATION

Please mail completed form to: Utica Memorial Auditorium
Attn: Aaron Maggiolino
400 Oriskany Street W.
Utica, New York 13502

Please make checks payable to:
Garden Entertainment, LLC

PLAYER INFORMATION

Parent/Guardian: _____ Gender (circle one): **Male** **Female**
Player Name: _____ Level Registering for (circle one):
Player Date of Birth: _____ Learn to Play (\$100) **Combine (\$200)**
Address: _____
Phone: _____
Email: _____

HEALTH INFORMATION

Special Health Needs, Including Allergies:

HOCKEY INFORMATION

Current Organization: _____ Years of Hockey Experience: _____

Current Team Level: _____

Jersey Size (circle one):

Youth:

S	M	L	XL
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Adult:

S	M	L	XL	XXL
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Goalie Cut:

S	M	L	XL
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