



Heart  
NIAGARA  
www.heartniagara.com



## Registration Card

### Balanced-Team Draft Player Information

Please check the highest level  
of hockey you have played  
(Check one category only)

- ☐ Junior or higher  
☐ Rep Hockey  
☐ House League  
☐ No experience

### Preferred Position

- ☐ Forward  
☐ Defence  
☐ Goalie  
☐ No preference

### Tournament Player Fee: \$70.00

- Players are encouraged to collect pledges from friends & family to help support our cause (see pledge form).
- Tax receipts can be issued to players who contribute \$25.00 or more above the registration fee.
- Please send payments and forms by March 16th, 2014.

Name:  FIRST  LAST

Address:  STREET  UNIT

City:  Postal Code:

Phone:  Email:

Date of Birth:  D  M  Y  Y

☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard ☐ AMEX

Card #  Code No.  Exp.  D  M  Y  Y

In case of emergency please contact:

FIRST  LAST

Phone:  Relationship:

I hereby signify that I understand that Heart Niagara, The Pete Stoutenburg Memorial Hockey Tournament, the City of St. Catharines and all other organizations and persons connected with this event, are not responsible for any injuries which I may suffer while taking part in this event or as a result thereof. In this connection, I hereby waive any claim for damages or property.

X

SIGNATURE

DATE

## Player Donation

In addition to my registration fee, I would like to add a donation to the defibrillator fund for the amount of:

☐ \$20 ☐ \$40 ☐ \$60 ☐ \$100 ☐ \$

☐ Use Credit Card info above ☐ Visa ☐ MasterCard ☐ AMEX ☐ Cash ☐ Cheque

Card #  Code No.  Exp.  D  M  Y  Y

**Please make cheques payable to Heart Niagara and mail to:**

Heart Niagara Inc. 6017 Valley Way, Unit A, Niagara Falls, ON L2E 1X9

Tel: 905-358-5552 Fax: 905-358-6033 Email: info@heartniagara.com www.heartniagara.com