



Players Information

First Name _____

Last Name _____

Cell Phone _____ Email: _____

Position: _____

DOB _____ Height: _____. Weight: _____

Home Address:

Address: _____

City: _____

Province _____ Postal Code _____

Email _____

Last Team Played _____

League: _____ GM Name:- _____

Medical Conditions: _____

Parents Information:

Parents Full Name: _____

Cell Number: _____ . E-mail address: _____

Fees Due \$120.00 Payable at Main Camp prior to stepping on ice.

Iroquois Falls Storm Jr A Hockey Club

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