



Advanced Mite Skills Class

Official Registration Form

Players **MUST** be current members of Wildcats' Youth Hockey

Player's name: _____

Parents' name(s): _____

Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Player's Age: _____ Player's Date of Birth: _____

Cost: \$299/Player (Limited Space Available)

Payment Options

Cash: \$ _____ Check #: _____ (Make payable to Wichita Falls Wildcats)

CC# _____ Exp: _____

Complete form and email to Sean Fish – sfish@wfwildcatsshockey.com
or fax to 940-716-5544