



**MIDNIGHT HOCKEY
REGISTRATION FORM**

Please print and fax to: 631-239-6037
or mail with Payment to:
MHL, PO Box 723, East Northport, NY 11731-1204

Name: _____ D.O.B.: _____
Street Address: _____ Apt.#: _____
Town: _____ Zip: _____
Home Phone: _____ Cell: _____
Email: _____
Team Name (If applicable): _____

LEAGUES

Suffolk Saturday Night League - Starts December 2012

10 games: \$3,500 team / \$285 individual _____ D

Islandwide

12 games: \$4,800 team / \$355 individual _____ B _____ C _____ D _____ E _____ 30 & OVER D/E

Midweek Prime

12 games: \$5,200 team / \$385 individual _____ D/E

Weekday FD/PD - STARTS SEPT. 2011

10 games: \$2,350 team / \$210 individual _____ C/D _____ D/E

PAYMENT

Method of Payment: _____ Check _____ Money order _____ Credit card
_____ Visa _____ Master Card _____ Amex
Name _____ Exp date _____
Name On Card _____ Amount _____
Credit Card Number _____
Signature _____

Note: Payment must include \$22 liability insurance fee.