



O.M.A.H.A. Hockey Supplemental Registration Form

Player=s Last Name: _____ Player=s First Name: _____ Player=s M.I.: _____

Player=s D.O.B. _____ Player=s _____ Male Gender: _____ Female

Player=s Address: _____

Player=s City: _____ Player=s State: _____ Player=s Zip: _____

Home Phone: _____ Parent 1 Phone: _____ Parent 2 Phone: _____

Parent 1 Name: _____ Parent 2 Name: _____

_____ Mites and Termites Supplemental Ice Times
 Fridays 6:15 pm - 7:15 pm **Benson**

Oct.: 3, 10, 17, 24
 Nov.: 7, 14, 21
 Dec.: 5, 12, 19,
 Jan.: 2, 9, 16, 23, 30
 Feb.: 6, 13, 20, 27
 March: 6, 13

_____ Squirt=s Supplemental Ice Times
 Mondays 6:00 pm – 7:00 pm **Benson**

Oct.: 6, 13, 20, 27
 Nov.: 3, 10, 17, 24,
 Dec.: 1, 8, 15, 22
 Jan.: 12, 19, 26
 Feb.: 2, 9, 16, 23,
 March: 2, 9

_____ PeeWee’s Supplemental Ice Times
 Fridays 6:15 pm - 7:15 pm **Moylan**

Oct.: 3, 10, 17, 24
 Nov.: 7, 14, 21
 Dec.: 5, 12, 19
 Jan.: 2, 9, 16, 23, 30
 Feb.: 6, 13, 20, 27
 March: 6, 13

_____ Bantam=s Supplemental Ice Times
 Mondays 7:45 pm – 8:45 pm **Motto**

Oct.: 6, 13, 20, 27
 Nov.: 3, 10, 17, 24
 Dec.: 1, 8, 15, 22
 Jan.: 12, 19, 26
 Feb.: 2, 9, 16, 23
 March: 2, 9

Supplemental Ice : \$135.00
 Payment Type: _____ Full
 Payment Method _____ Cash _____ Check
 _____ Visa _____ MasterCard

Check/Card Number: _____ Exp. Dt.: _____

Cardholder Signature: _____

An additional \$5.00 will be applied to each credit card transaction.

For Office Use Only. Do Not Write in This Space.

_____ Financial D.B. _____ Payment Plan _____ Paid in Full _____ Prior Yr. Carryover \$ _____