

IMPORTANT: PLEASE READ ENTIRE PAPER

# ADULT ROLLER HOCKEY WINTER 2009 REGISTRATION FORM

**PRICE:** 13 Game Season plus  
playoffs **\$1350** based on a **9** player  
team. For each additional player **\$60**  
will be **Added** to your total.

**DUE DATE:**  
**SUNDAY**  
**DECEMBER 14, 2008**

**DEPOSIT: \$600**

*Required with Registration Form*

**SEASON BEGINS**  
*The week of SUNDAY, JAN. 4, 2009*

**PLACE:** Susquehanna Sports Center  
1001 Bosler Ave. Lemoyne, Pa. 17043  
**Phone: 717-763-8062 Fax: 717-763-8458**  
Email: info@susq-sports.com  
Website: www.susq-sports.com

**AVAILABILITY:** Limited  
*Spaces Available Based on First Paid  
Deposits*

**IMPORTANT INFORMATION &  
REQUIRED AGREEMENT, READ THOUROUGHLY!**  
All teams are required to have matching jerseys with  
numbers on the back. Teams will not be able to add  
players after the 4<sup>th</sup> game of the season. Also all  
players in the league must play in at least 5 games to  
participate in playoffs. We cannot add a team to the  
schedule until the \$600 deposit is paid. All  
registrations must be received by DEC. 14, 2008, or  
your team will not be put on the schedule. The SSC  
reserves the right to deny and challenge a teams  
request to play at a level in which they do not belong.  
Lastly, the full league payment must be paid in full by  
the first game of the season.

Special  
Requests: \_\_\_\_\_

\_\_\_\_\_

Please check the box and sign below if  
you have read and understood all that was  
stated above.

Team Rep Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: B \_ C \_ DW \_ DE \_ DS \_

Team Rep. \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Team Colors: \_\_\_\_\_

Player 1 \_\_\_\_\_

Player 2 \_\_\_\_\_

Player 3 \_\_\_\_\_

Player 4 \_\_\_\_\_

Player 5 \_\_\_\_\_

Player 6 \_\_\_\_\_

Player 7 \_\_\_\_\_

Player 8 \_\_\_\_\_

Goalie 9 \_\_\_\_\_

**Additional Players:**  
\_\_\_\_\_  
\_\_\_\_\_

