



Reading Jr. Royals Cross Ice Registration

\$200/One Session \$380/Both Sessions (Includes Jersey).
Thursdays 5:30-6:30pm and Saturdays 11:00am-12:00pm
Player must wear all required equipment.

September-December Session _____ January 7-March-13 Session _____ Both _____

(Please Print)

Player Information:

Player's Name: _____
(First) (MI) (Last)

Players Address _____
(Street)

_____ **Date of Birth** _____
(City) (Zip) (State)

Parents' or Legal Guardian Information:

Father's First Name: _____ **Last Name:** _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Mother's First Name: _____ **Last Name:** _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

E-Mail:

Father's Email Address: _____

Mother's Email Address: _____

Player must register with USA Hockey.

www.usahockeyregistration.com

Email confirmation receipt to Queenie3692@aol.com

Any questions contact Kathie Waltz 610-573-7498

Submit this form along with USA Hockey confirmation to Kathie Waltz.

Volunteer Interest (circle one) **Coaching** **Team Manger** **Club Committee**

For Organization's Use Only

_____/_____/____ \$ _____ # _____

(Signature of Parent or Legal Guardian)

(Date)

(Amt. Deposited) (Check #)