

**CICERO TWIN RINKS
SUMMER HIGH SCHOOL HOCKEY LEAGUE
REGISTRATION FORM**

Please make checks payable to New Dimensions Properties

DATE: _____

Team Name: _____

Second Choice Team*: _____

Players Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Grade: _____ **Date of Birth:** _____

Name of High School: _____

Parent/ Guardian Signature: _____

(*In an effort to not turn away any interested players, players that cannot fit on their home team may be able to join another team or a house team, so please note a second choice team.)

**5575 Meltzer Ct.
Cicero, NY 13039
315-752-7465**