



Registration Form

Make Check Payable and send to:

Hat-Trick Hockey
240 Jackson Street #308
Lowell, MA 01852

To pay via credit card please email:
info@hattrick-hockey.com

CLINIC: _____

NAME: _____

AGE: _____

CURRENT TEAM: _____

ADDRESS: _____

CITY: _____ **ZIP** _____

TELEPHONE: _____

EMAIL: _____

WAIVER I understand that in consideration for participating in the described program I will not hold the directors, Tim Pelletier, Aaron Crear, Skate 3 Arena, the UHL and Hat-Trick Hockey, or any affiliates liable for any injury that may occur as a result of participation. I certify that I am in good health and all pre-existing injuries will be disclosed to the staff.

Signature of participant or Parent/guardian if under age 18: _____ DATE: ____/____/____

For More Information Contact Us

Hat-Trick Hockey

Phone: 508-498-1536 or 978-735-2223 Email: info@hattrick-hockey.com Web: www.hattrick-hockey.com