

RI SPORTS CENTER

ADULT HOCKEY LEAGUE

APPLICATION FORM

Team Name: _____

Jersey Color: _____

Team Captain: _____

Mailing Address: _____

Email Address: _____

Work Phone: _____

Home Phone: _____

Mobile Phone: _____

Division Requested (circle one): **B** **C** **D** **Over 35** **Open**

Deposit Due: **\$400 with application**

I have read and understand the League Rules and will comply.

Signature—Team Captain

Date

Please mail to: RI Sports Center, Inc. P.O. Box 7725 Cumberland, RI 02864

Please make checks payable to: RI Sports Center, Inc.