

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: **\$200 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.