



LONG ISLAND REBELS

PLEASE PRINT ALL INFORMATION NEATLY

Player Information

NAME: _____ Rebels Team: _____

Date Of Birth: _____

Address: _____

Home Phone _____ Player Cell Phone _____

Players e-mail address: _____

Current School: _____

Does Player plan to play ice hockey for any other organization (please list all)

PARENT / LEGAL GUARDIAN

Fathers Name _____

Mothers Name _____

Address _____

Address _____

Phone _____

Phone _____

Cell _____

Cell _____

E-mail _____

E-Mail _____

Work Phone _____

Work Phone _____

Long Island Rebels

PO Box 910

Melville, NY 11747

