



TWISTERS HOCKEY

18+ DISCLOSURE FORM

TWISTERS HOCKEY LEAGUE

PLAYER INFORMATION

Name :

Birthdate :
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Address :

City : Zip Code :

E-Mail :

I certify that I am currently a senior in high school and that I am 18 years of age.

PLAYER'S SIGNATURE

DATE

I understand that if I am over 18 years of age that my application must be reviewed and approved by the Twisters Hockey League board of directors before I am assigned a team.

PARENT'S SIGNATURE

DATE

MAIL THE COMPLETED FORM AND FEES TO
Twisters Hockey League, PO Box 11, Hallsville, MO 65255

twistershockey36@gmail.com
www.twistershockey.com

THANK YOU FOR YOUR INFORMATION

