



Iron Range Hockey Association
P.O. Box 105
Negaunee, MI 49866
www.ironrangehockey.com

TIMEKEEPER INFORMATION FORM

DATE _____ DATE OF BIRTH _____
NAME _____ PHONE _____
ADDRESS _____ CELL PHONE _____
CITY _____ EMAIL _____
YOUR TEAM NAME _____

TEAM DIVISION

Rank in preference order (1, 2, 3):

MITE I _____ II _____ BANTAM _____
SQUIRT _____ MIDGET _____
PEEWEE _____

PLEASE INDICATE TIMEKEEPING YEARS OF EXPERIENCE:

I certify that the answers in this application and other information submitted are true to the best of my knowledge. I realize that all information furnished by me is important and that any misrepresentation of facts shall constitute cause for dismissal regardless of when discovered by IRHA. I authorize all individuals and agencies both public and private to release information regarding me as referenced in this application to IRHA on a confidential basis.

Signature

Date

For Iron Range Hockey Use Only:

TEAM: _____

Approved By: _____ Denied By: _____ Date: _____