

Stephen James Reynolds
Memorial Alumni Hockey Game

REGISTRATION

Name: _____

Phone: _____

Address: _____

E-mail: _____

WHS Class of: _____

Player Position: _____

Registration Fee: \$20.00

**Please Return this Form With Fee
No Later Than 12/23/15**

Onsite Registration Fee will be \$25

**Mail to: Tori Leitch
3005 Eagle Ridge Dr. N
Willmar, MN 56201
Or**

**WEBSITE: www.s7rfoundation.org
FACEBOOK: Stephen Reynolds Foundation**