



Skater Name _____ M / F DOB _____

Mailing Address _____

Parent or Guardian _____

Cell Phone Contact #'s: _____

Email _____

In case of an Emergency, Who should we contact?

Name _____ Contact # _____

Have you played hockey before? Y / N

If so, What level do you play? _____

Does skater need equipment? Y / N

Please indicate program (circle one) you are registering for:

- Boys Varsity /Bantam Summer Hockey Program (\$60)
- Girls Varsity Summer Hockey Program (\$60) (Age 13 & Up)
- 12-Under Co-ed Summer Hockey Program (\$60)
- 10 Under Co-ed Summer Hockey Program (\$60)
- 8 Under Co-ed Summer Hockey Program (\$60)
- 6 Under Co-ed Summer Hockey Program (\$60)

Day/Times: TBD

*Communication will be done by email, so please make you've listed an email you check regularly.

For More Information, contact Cutis Bales at **350.1233**