2024 MUSTANGS HOCKEY SCHOOL Registration Application

Date of Hockey Camp: August 6-9, 2024 Price: \$420

PLEASE PRINT						
CHILD'S INFO:						
LAST NAME	FIRST N	NAME	DC)B		
PARENT/GUARDIAN N	IAME					
ADDRESS						
GENDER: M F	POSITION: F D G	YEARS	OF HOCKEY EXPE	RIENCE:		
EMERGENCY CONTAC	T: (Name/Phone #)					
HEALTH CARD #		HEA	ALTH/DIETARY CON	NCERNS:	Υ	N
If YES, Please explain:						
Jersey # requested:	SIZE: Youth S	M L XL	Adult S M L	. XL XXL		
Please choose size ca	refully. A fee of \$50 will cha	rged for a rep	olacement jersey fo	or incorrect	t sizing	
Jersey and meals are i	included in the camp price.					
FULL PAYMENT must	be received to secure a spot	: .				
Email / Etransfer: mus	stanghockeyschoolinfo@yah	100.com				
Please send payment payment options.	by e-transfer to the address	above, OR co	ontact Jeff 613-285	5-4026 to a	rrange	other
Cancellation Policy	 Cancellations prior to July Cancellations after July (other fees may apply de 	1 st will only r	eceive a refund if	the spot is	filled.)
and assume all risks a indemnify and agree t	proval for my child's particip nd hazards, incidental to suc to hold harmless Mustangs H tand the conditions of this a	ch participatio Hockey Schoo	on and do waive, roll and its employee	elease and es. I acknow	absolv	e,
Signature of Parent/G	uardian		Date			
OFFICE USE ONLY: Chq	# Post Dated Chq	Name or	ո Chq	Paid	in Full	