

Spring & Summer Skills Development Program Hockey Registration Form

Participant Information

<i>First Name</i>	
<i>Last Name</i>	
<i>Street Address 1</i>	
<i>Street Address 2</i>	
<i>City</i>	
<i>State</i>	
<i>Zip</i>	
<i>Date of Birth</i>	
<i>Last Team Name</i>	
<i>Last Level Played</i>	Mite / Squirt / Pee Wee
<i>Other Experience</i>	
<i>Positions Played in Past</i>	Forward / Defense / Goal
<i>Shoots</i>	Right / Left
<i>Position for Fall 2010</i>	Forward / Defense / Goal

Parent / Guardian Information

Contact 1

<i>First Name</i>	
<i>Last Name</i>	
<i>Home Phone</i>	
<i>Cell Phone</i>	
<i>Work Phone</i>	
<i>Email #1</i>	
<i>Email #2</i>	

Contact 2

<i>First Name</i>	
<i>Last Name</i>	
<i>Home Phone</i>	
<i>Cell Phone</i>	
<i>Work Phone</i>	
<i>Email #1</i>	
<i>Email #2</i>	

To Register:

1. Complete attached Registration Form.
2. Send email message to hockeytime@optonline.net and attach the Registration Form.
3. Register and mail a \$25 deposit or full amount by May 2nd, 2010.
4. Make checks payable to "Michele Henning"
5. Paper Registration Forms, Deposits and Full Payments can be mailed to:

9 Deerfield Lane
Katonah, NY 10536

Please call 914-841-9043 / 914-302-6464 or email if you have questions