

BRIAN CASEY HOCKEY SCHOOL
SUMMER 2010

REGISTRATION FORM

Player Name: _____

Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Birth Date: _____ Age: _____ Sex: Male Female

MCP: _____ Email: _____

Division: _____ Position: _____

Shoots: Left Right Jersey Size: _____

Maximum Hockey Experience: AAA All-star House league

Choose your week(s) *Early Registration
August 9-13th April 1-30th (\$300)
August 16-20th after April 30th (\$350)

Please note that each division will be limited to 30 skaters and is based on first come; first serve upon receipt of your application and deposit of \$100.00. Please mail your application to Brian Casey 41 Thomas Street, Grand Falls-Windsor, NL A2A 2V7.