## **HUDSON BAY HOCKEY SCHOOL**

For Office Use	
Date Paid:	
Amount:	
Receipt No:	

## July 17 – 21, 2017

## **Registration Form**

Students must have some hockey experience before entering the school.

Children must be between the ages of 6-15 years old (at the date of the school) in order to register.

Students must provide their own hockey equipment and also bring their own gym shoes, water bottles, swimsuit, towels, shorts and/or sweats.

Name:					<del></del>
Address:	Email:				
City:	Province:	Postal	Code:		
Phone:	Birth Date:			.ge:	
Hospitalization Number:					
Any Allergies:					
Parent/Guardian Name:					_
Contact Name and Phone School					•
	<mark>Registration Fee D</mark>				
Make Cheques or				ıdson Ba	<b>y</b>
•	gistration Begins M				
	ons are accepted by d				(I-! I
*NEW in 2017 (Child must	in order to be fair			to attend t	nis schoo
Number o	of Years he/she has p		<u></u>		
Age Division he/she will p					
			(Ex. 2 <sup>nd</sup> year	r Atom etc.)	
Preferred Position:	LW C R	W LD RD	Goali	e	
Hockey Jersey Size: (Size not guaranteed – it is best to	Youth: L go up a size if unsure)	Mens:	S	L XL	

Fees: \$320.00 per person / Immediate Family Rate (Anything over 2 Children=\$160/each)
\*\*FULL PAYMENT IS DUE IN ORDER TO BE REGISTERED\*\*

Town of Hudson Bay Box 730, Hudson Bay, SK. SOE OYO Phone (306) 865-2263 Email: hbecdo@sasktel.net

