HOCKEY MONTREAL INTERNATIONAL

Summer 2012 Registration form

PLEASE CHECK THE PROGRAM AND WEEKS SELECTED

PROGRAM :					
JUNIOR CAMP		GOALIE CAMP		ELITE FWD CAMP	
SENIOR CAMP				ELITE DEF CAMP	
BUS SERVICE FROM DECARIE SQUARE		**$25.00**			
DATES :				**TOTAL $:_____**	
JULY 2-6		JULY 30-AUG 3			
JULY 9-13		AUGUST 6-10			
JULY 16-20		AUGUST 13-17			
JULY 23-27		AUGUST 20-24			

- **Hockey Montreal Intl. reserves the right to place players according to their skill level**

Player: _____
First name Family name
Address: _____
Street City
_____
Prov./ State Postal code/Zip
Medicare #:_____ **Expiry**: _____

E-MAIL:_____

Home telephone#:_____
Birth Date (M/D/Y):_____
Hockey Level 2011-12:_____

Mother's name: _____
Tel. work: _____ **Cell**: _____
Father's name: _____
Tel. work: _____ **Cell**: _____

The undersigned agrees that Hockey Montreal Int., its employees and agents, nor Hockey Bonaventure will not be held responsible for any accidents or loss, however caused, and hereby releases each of them from all claims and damages, which may arise as a result or by reason of such accident or loss. There are no refunds for cancelled weeks.

Signature: _____ **Date**: _____

Paiement émis à / Payment made out to: **HOCKEY MONTREAL INT.**
4950 Borden Ave.
Mtl., Qc. H4V 2S8