HOCKEY MONTREAL INTERNATIONAL

Summer 2011 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 :		JULY 25-29		**TOTAL $:_____**	
JUNE 27 – July 1		AUGUST 1-5			
JULY 4-8		AUGUST 8-12			
JULY 11-15		AUGUST 15-19			
JULY 18-22		AUGUST 22-26			

- **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 2010-11:_____

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.

Signature: _____ **Date**: _____

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