**REGISTRATION FORM**

|  |  |
| --- | --- |
| PLAYER’S NAME: |  |
| ADDRESS: |  | UNIT: |  |
| CITY: |  | PROVINCE: |  | POSTAL CODE: |  |
| PHONE 1: | ( ) | PHONE 2: | ( ) | BIRTH DATE: | YYYY/MM/DD | AGE: |  |
| EMAIL: |  |
| MEDICAL CONDITIONS: |  |
| TEAM: |  | POSITION: |  | LEVEL: |  |
| REGISTERED WITH LORNE PARK CLARKSON HOCKEY ASSOC.: | * **YES**
* **NO**
 |

![C:\Users\Stoll Family\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\NZGKOEXP\QY0cu[1].png]()

![C:\Users\Stoll Family\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\A5511AIY\oV2PM[1].png]()

Please indicate which preseason camp you would like to register for with a or a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Regular Fee** | **Level** | **Tuesday****September 4th** | **Wednesday****September 5th** | **Thursday****September 6th** |
|  | **$70** | Minor NoviceNovice | 6:15pm - 7:05pm | 6:15pm - 7:05pm | 6:15pm - 7:05pm |
|  | **$70** | Minor AtomAtom | 7:15pm - 8:05pm | 7:15pm - 8:05pm | 7:15pm - 8:05pm |
|  | **$70** | Minor PeeweePeewee | 8:15pm - 9:05pm | 8:15pm - 9:05pm | 8:15pm - 9:05pm |
|  |  | **RINK** | **Cawthra Arena** | **Cawthra Arena** | **Cawthra Arena** |

 **METHOD OF PAYMENT**

 Interac \* Credit Card

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Credit Card Type: |  | Number: |  | Expiry: | YYYY/MM |

\* For Interac e-Transfers, please email relevant information to registrar@lpcha.ca

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |
| Parent/Guardian Signature: |  | Date: |  |

**PLEASE SEND COMPLETED REGISTRATION FORM TO registrar@lpcha.ca**