

SMHA 2018 Breakout Hockey Bantam Hitting Camp Registration Form

Player Name:

SMHA
PO Box 29
Ardrossan, Alberta
T8E 2A1



Home Number	Email
Birthdate (dd/mm/yy)	Gender

PLEASE CIRCLE CAMP PREFERENCE: **GROUP #1** **GROUP #2**

DATE	TIME	FACILITY	FEE
GROUP #1 August 27, 28, 29 th	10:00am – 11:00am	Millennium Place Sprite	\$100
GROUP #2 August 27, 28, 29 th	11:15am – 12:15pm	Millennium Place Sprite	
Total Fees Owing - Payable to SMHA -			\$100
NOTE: PAYMENT VIA CHEQUE PAYABLE TO SMHA OR E-TRANSFER			

No REFUNDS will be issued after August 15, 2018.

Signature of Parent or Legal Guardian _____

Name (Please Print) _____

Date _____, 2018

Please print Players name on Cheque Memo line.
E-transfer payments must be sent to payments@smhahockey.com,
password **WARRIORS**. Please note your player's full name in the message.

Please mail registration to;
Attn. Registrar
SMHA
PO Box 29
Ardrossan, AB
T8E 2A1
Or
Scan/Email to:
registrar.smha@gmail.com