**2019 PRESEASON CAMP 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

**WEEK ONE CAMPS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check one** |  | **Mon Aug 26** | **Tues Aug 27** | **Wed Aug 28** | **Thurs Aug 29** |
| * $80
 | Learn to Skate(ages 4-7 years) | 6:15 to 7:05 pm | 6:15 to 7:05 PM | 6:15 to 7:05 PM | 6:15 to 7:05 PM |
| * $80
 | Power Skating(ages 7-10 years) | 7:15 to 8:05 pm | 7:15 to 8:05 pm | 7:15 to 8:05 pm | 7:15 to 8:05 pm |
| * $80
 | Power Skating(ages 11-15 years) | 8:15 to 9:05 pm | 8:15 to 9:05 pm | 8:15 to 9:05 pm | 8:15 to 9:05 pm |

**WEEK TWO CAMPS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check one** |  | **Tues Sept 3** | **Wed Sept 4** | **Thurs Sept 5** |
| * $60
 | Skill Building Camp(ages 4-6 years) | 5:15 to 6:05 pm | 5:15 to 6:05 PM | 5:15 to 6:05 PM |
| * $60
 | Skill Building Camp(ages 7-9 years) | 6:15 to 7:05 pm | 6:15 to 7:05 pm | 6:15 to 7:05 pm |
| * $60
 | Skill Building Camp(ages 10-11 years) | 7:15 to 8:05 pm | 7:15 to 8:05 pm | 7:15 to 8:05 pm |
| * $60
 | Skill Building Camp(ages 12-15 years) | 8:15 to 9:05 pm | 8:15 to 9:05 pm | 8:15 to 9:05 pm |

|  |  |  |
| --- | --- | --- |
| Payment type | * Interac
 | * Credit Card
 |
| Credit Card type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Card 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**