

Winter Pro Hockey Clinic 2009

1 PLAYER INFORMATION

Name:		M <input type="checkbox"/>	F <input type="checkbox"/>	Age:	
Address:		City:		Zip:	
Phone:		School:		Do You Have a Membership:	If Yes, Exp. Date:
Parent/Guardian Contact: (If Under 18)				E-mail:	

2 PAYMENT INFORMATION

Activity	Fee
Player Fee OR	\$125.00
Goalie Fee	\$ 60.00
Scholarship Fund (optional)	\$ 1.00
TOTAL	\$

Mail-In/Fax-In Only

There is a \$10.00 minimum charge for MasterCard or Visa.

PRINT NAME AS IT APPEARS ON CARD _____

Signature _____ Expiration Date _____

MasterCard or Visa # _ _ _ _ - _ _ _ - _ _ _ - _ _ _

I hereby authorize the use of my **MasterCard** or **Visa** account: (circle one)

Make checks payable to: **City of Escondido**. Mail to: **Escondido Sports Center, 3315 Bear Valley Parkway, Escondido, CA, 92025**.
Enclose a self-addressed, stamped envelope for a receipt.

3 CLASSIFICATION

Division		Date of Birth	Age
10-12	<input type="checkbox"/>	____/____/____	
13-14	<input type="checkbox"/>		
15-18	<input type="checkbox"/>		
		Female	<input type="checkbox"/>
		Male	<input type="checkbox"/>

4 WAIVER/ RELEASE

All campers must have a membership or a one day waiver filled out for the dates of the camp. All campers under 18 without a valid membership will need their parent or legal guardian to sign a one day waiver on the first day of the camp.

Office Staff Only:

Has waiver on File _____

Needs One Day _____

Staff Initials

Date