HOCKEY MONTREAL INTERNATIONAL

Summer 2008 Registration form

PLEASE CHECK THE PROGRAMS AND WEEKS SELECTED

PROGRAMS :					
JUNIOR CAMP		SENIOR CAMP		ELITE FWD CAMP	
GOALIE CAMP		POWER SKATING ONLY		ELITE DEF CAMP	
BUS SERVICE					
		TOTAL $:_____			
DATES :					
JUNE 30-JULY 4				JULY 28-AUGUST 1	
JULY 7-11				AUGUST 4-8	
JULY 14-18				AUGUST 11-15	
JULY 21-25				AUGUST 18-22	

- 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 2007-08:_____

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.**
4612 Royal Ave,
Montreal, Qc. H4A 2M8