HOCKEY MONTREAL INTERNATIONAL

Summer 2018 Registration form

ALL 7 WEEKS @

Glenn J. Chamandy arena (LCC arena)

PLEASE CHECK THE DATES AND PROGRAM SELECTED

Weeks	**DATES :**		**PROGRAM** :	
1	JUNE 25-29		JUNIOR CAMP	
2	JULY 2-6		SENIOR CAMP	
3	JULY 9-13		ELITE FWD + DEF CAMP	
4	JULY 16-20		GOALIE CAMP	
5	JULY 23-27		CIT PROGRAM	
6	JULY 30-AUG 3			
7	AUGUST 20-24			
	Ext. Day Service $30.00/wk.			

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 2017-18:_____

Parent 1: _____ SIN # for RL-24:_____
Tel. work: _____ **Cell**: _____
Parent 2: _____ SIN # for RL-24:_____
Tel. work: _____ **Cell**: _____

The undersigned agrees that Hockey Montreal Int., its employees and agents, nor Sodem Inc. 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. There are no refunds for cancelled weeks.

Signature: _____ **Date**: _____

Payable by cheque to: **HOCKEY MONTREAL INT.**
4950 Borden Ave.
Montreal, Qc, H4V 2S8
OR
By E-transfer: eric@hockeymontreal.com