

HOCKEY MONTREAL INTERNATIONAL

Summer 2020 Registration form

PLEASE CHECK THE DATES AND PROGRAM SELECTED

<u>DATES :</u>			
JUNE 29-JULY 3		JULY 27-31	
JULY 6-10		AUGUST 3-7	
JULY 13-17		AUGUST 10-14	
JULY 20-24		AUGUST 17-21	
		AUG 26-27-28 (3 days only)	
<u>PROGRAMS:</u>			
JUNIOR camp		ELITE camps	
SENIOR camp		GOALIE camp	
		CIT program	
Extended day service \$30			

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 2019-20: _____

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. or Le Centre Sportif Edouard Rivet 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, E-transfer: eric@hockeymontreal.com