

**YELLOWSTONE QUAKE HOCKEY SCHOOL
SUMMER 2008
REGISTRATION**

PLAYER NAME: _____ BIRTHDATE _____

PARENT NAME: _____

ADDRESS: _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____

PARENTS' HOME PHONE (_____) _____

DAYTIME PHONE (_____) _____

EMAIL _____

HOCKEY CAMP: JULY 28-AUGUST 1 (\$325) _____

SPECIALTY CAMPS: AUGUST 11-15

POWERSKATING \$150 _____ STICKHANDLING/SHOOTING \$150 _____

BOTH SESSIONS \$275 _____

PLAYER POSITION _____

JERSEY SIZE: Y/L A/S A/M A/L A/XL

T-SHIRT SIZE: Y/L A/S A/M A/L A/XL

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

MEDICAL INSURANCE INFO: COMPANY _____

POLICY NUMBER _____

SPECIAL MEDICAL CONDITIONS _____

YELLOWSTONE QUAKE SUMMER HOCKEY SCHOOL REQUIRES A 50% DEPOSIT WITH
REGISTRATION. SEND U.S. FUNDS TO **YELLOWSTONE QUAKE HOCKEY SCHOOL P.O.
BOX 1902 CODY, WY 82414.** www.codyicearena.com

INFO- PH (307)587-1681 FAX(307)587-5331 EMAIL: icearena@vcn.com

CASH _____ CHECK _____ CC# _____ EXP _____

