



Registration Form (use for all programs)

**PLEASE COMPLETE AND MAIL FORM TO:
1594 Stillriver Cr. Suite 100 Mississauga, ONT. L5M 3X1**

PLAYERS NAME		BIRTHDATE	
		mm/dd/yy	
ADDRESS			APT
CITY	PROV/ST	POSTAL/ZIP	
TEL: HOME:	WORK	CELL	
EMAIL		HEALTH INSURANCE	
TEAM		LEVEL (e.g. A, AA, AAA, Travel)	

RESIDENCE PAYMENT (For Summer out of town students only)				
Residence Fees (based on five nights stay, Sunday through Thursday) ----- \$475. CAN				
Each extra weekend night add ----- \$ 95. CAN				
Enter camp #'s	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	X \$475 = <input style="width: 100px;" type="text"/>
Number of extra weekend nights	<input style="width: 50px;" type="text"/>		X \$95	= <input style="width: 100px;" type="text"/>
RESIDENCE TOTAL: = \$				<input style="width: 100px;" type="text"/>
Complete residence information will be included with your camp confirmation after full receipt of payment.				

Please fill in camp info below:

Prog #	Program Name	Date	Cost
<input style="width: 50px;" type="text"/>	<input style="width: 350px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 350px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 350px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 80px;" type="text"/>
Add Residence Total:			<input style="width: 80px;" type="text"/>
Payment Total:			<input style="width: 80px;" type="text"/>

PAYMENT METHOD	
<input type="checkbox"/> CHEQUE	Amount enclosed: \$ _____
<input type="checkbox"/> VISA/MC/AMEX	Card # : _____ Exp: ____/____

World Class Hockey Policies:

1. Customer will be charged \$50.00 administration fee for returned cheques.
2. Cancellation Policy: Full refund before April 15th. 50% refund, 50% credit up to 28 days prior to camp. No refunds will be issued there-after. Credits may be issued due to injury only. Medical record must be sent within two weeks of injury in order to qualify for credit.
3. Customer will be charged \$50.00 for cancellation at any time.

The applicant agrees that WORLD CLASS HOCKEY and/or it's proprietors will not be held responsible for any accident or loss however caused, and agrees to release the proprietors from all claims or damage which may arise as a result of any such accident or loss. In event of an inability to be contacted, I hereby give WORLD CLASS HOCKEY permission to seek any medical attention required.

PARENT'S OR GUARDIAN NAME: _____ DATE: _____

SIGNATURE: _____