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| **PLAYER CONTACT INFORMATION** |
| **Player Name** |       |  [ ]  Male [ ]  Female |
| **Date of Birth** |       | Health Card # |       |
| **Contact Name** |       |
| **Contact Address** |      Street Address |      Community |      Territory |      Postal Code |
| **Contact Phone** |       | Emerg Contact #  |       |
|  **Contact Email** |       |  |
| **HOCKEY CAMP INFORMATION** |
| **Select Clinic**  | [ ]  Summer Skills Clinic (CO-ED) August 17-19 / $275[ ]  All-Girls Clinic - August 21-22 / $100[ ]  Both Clinics / $375 |
| **Player Size\*** | [ ]  Adult [ ]  Youth  | [ ]  Small [ ]  Med [ ]  Large [ ]  X-Large |
| **Need Assistance?** | [ ]  Travel Costs [ ]  Accommodations [ ]  Hockey Equipment[ ]  Registration | *A CYFN representative will contact you once this request is received.* |
|  **Payment Method** | [ ]  E-Transfer to payments@cyfn.net [ ]  Cash (Pay at CYFN or Player Check-in Event Aug 16 / Aug 20) [ ]  Cheque (Mail to CYFN 2166-2nd Ave, Whitehorse YT, Y1A 4P1)[ ]  Purchase Order (email PO# to hockey@cyfn.net)  |
| **DIET INFORMATION** |
| **Food Allergies** |       |
| **Other Health Considerations** |       |
| *\*Jersey sizes may be limited and will be available on a first-come, first-served basis.**\*\*A photo disclaimer and waiver will be provided at the clinic.* |  |
|  **Submitted By:** |      Name |  Date |