|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto: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](mailto: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 | |