



**PLAYER CONTACT INFORMATION**

<b>Player Name</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Date of Birth</b>	<b>Health Card #</b>			
<b>Contact Name</b>				
<b>Contact Address</b>	Street Address	Community	Territory	Postal Code
<b>Contact Phone</b>	<b>Emerg Contact #</b>			
<b>Contact Email</b>				

**HOCKEY CAMP INFORMATION**

<b>Select Clinic</b>	<input type="checkbox"/> Summer Skills Clinic (CO-ED) August 17-19 / \$275 <input type="checkbox"/> All-Girls Clinic - August 21-22 / \$100 <input type="checkbox"/> Both Clinics / \$375			
<b>Player Size*</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Youth	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large <input type="checkbox"/> X-Large
<b>Need Assistance?</b>	<input type="checkbox"/> Travel Costs <input type="checkbox"/> Accommodations <input type="checkbox"/> Hockey Equipment <input type="checkbox"/> Registration			
<b>Payment Method</b>	<input type="checkbox"/> E-Transfer to <a href="mailto:payments@cyfn.net">payments@cyfn.net</a> <input type="checkbox"/> Cash (Pay at CYFN or Player Check-in Event Aug 16 / Aug 20) <input type="checkbox"/> Cheque (Mail to CYFN 2166-2 <sup>nd</sup> Ave, Whitehorse YT, Y1A 4P1) <input type="checkbox"/> Purchase Order (email PO# to <a href="mailto:hockey@cyfn.net">hockey@cyfn.net</a> )			

*A CYFN representative will contact you once this request is received.*

**DIET INFORMATION**

<b>Food Allergies</b>	
<b>Other Health Considerations</b>	

*\*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:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Name Date

**To Submit This Form**  
 Email: [hockey@cyfn.net](mailto:hockey@cyfn.net)  
 Call: (867) 393-9200 ext. 9256 For Assistance  
 Mail: 2166-2<sup>nd</sup> Ave, Whitehorse YT, Y1A 4P1

