

# 2024 CENTRE ICE HOCKEY CAMP



Council of Yukon  
First Nations



2024 SUMMER SKILLS CLINIC (CO-ED) - \$350 - July 23-26, 2024 – 8:30a.m. to 4p.m.

## PLAYER CONTACT INFORMATION

Player Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth		Health Card #	
Contact Name			
Contact Address			
Contact Phone #1		Emerg Contact #	
Status Card #			
Contact Email			

## HOCKEY CAMP INFORMATION

Player Size *	<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
Need Assistance?	<input type="checkbox"/> Travel Costs <input type="checkbox"/> Accommodations <input type="checkbox"/> Registration	<i>A CYFN representative will contact you once this request is received.</i>
Payment Method	<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 July 22, 2024) <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> )	

## DIET INFORMATION

Food Allergies	
Other Health Considerations	

\*Jersey sizes may be limited and will be available on first-come, first served basic. A photo disclaimer and waiver will be provided at the clinic.

Submitted By: \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



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