



2010 CRC/TGHA SUMMER ICE HOCKEY REGISTRATION

PLAYER NAME: _____

PLAYER DATE OF BIRTH (MM/DD/YY): _____

PHONE: (H) _____

(C) _____

E-MAIL: _____

PARENTS NAME: _____

PHONE (if different): _____

SKILL LEVEL FOR 2010-2011 SEASON, PLEASE CHECK ONE:

INITIATION HOUSE 10U/12U NTB TRAVEL TRAVEL 12U-19U

SESSIONS ATTENDING: MONDAY, JULY 19 THRU AUGUST 23

ALL 6 SESSIONS (MOST ECONOMICAL) - \$75 FOR ALL SKILL LEVELS

PARTIAL - \$15 PER SESSION _____ # OF SESSIONS x \$15 = _____

(Circle ALL or Individual Sessions Planning to Attend)

ALL 7/19 7/26 8/2 8/9 8/16 8/23

TIMES: 6:00-7:00 PM INITIATION, HOUSE AND 10U/12U NTB TRAVEL
7:00-8:15 PM TRAVEL 12U-19U

CHECKS PAYABLE TO "C.R.C."