



# HOCKEY SCHOOL

August 28th - September 1st

## ATHLETE INFORMATION:

Child's Name: \_\_\_\_\_

8 and Under     12 and Under     13 and Over

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## PAYMENT INFORMATION:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

E-Transfer to *eagles@silentice.com* - *Please specify child's name in memo & make password "hockey".*