

STEP 1 - PRINT & FILL OUT THE REGISTRATION FORM

Send \$200.00 deposit with Registration. CHE will invoice the remaining balance. Final payment due June 1, 2017.
 Note: Applications are accepted at any time subject to availability.
 Send additional \$200.00 if residence is required.

Make cheques payable to:
 Canadian Hockey Enterprises
 727 Lansdowne Street West, Suite G3
 Peterborough, Ontario K9J 1Z2
 (705) 749-5880 • Fax (705) 749-3207 • 1-800-461-2161

Player's Name _____

Player's Address _____

Town/City _____

Prov./State _____ Postal/Zip Code _____

Home Phone _____

Work/Cell Phone (Mom) _____

Work/Cell Phone (Dad) _____

E-mail Address _____

Birth date (D/M/Y) _____

Height _____ Weight _____ Male Female

Last year's team _____

Hockey Level: AAA AA A AE B House

Lacrosse Level: Beginner House Rep

Position _____

Name of Program _____

Date of Program _____

Day Program Evening Program

Residence? Yes No

Weekend residence required? Yes No

Jersey Size Youth Adults
 M L S M L XL

(CHE reserves the right to place each player in the appropriate age & skill category)
 REFUND POLICY Prior to June 1st, your deposit of \$200.00 is non-refundable with the exception of medical reasons. In this case a \$30.00 administration fee will be charged and you will receive \$170.00 or you can transfer \$200.00 to next year's program. After June 1st, no monies are refundable for any reason. The participant and parents acknowledge and agree that Canadian Hockey Enterprises or any of the principals, officers, employees, agents, directors or instructors will not be responsible for any accident, damage, injury or loss, however caused, negligent or otherwise, at any time and expressly releases any and all the aforementioned parties from all claims arising from any accident, concussion, damage, injury or loss or as a consequence thereof. The undersigned parent or guardian hereby certifies that the applicant has been recently examined by a doctor, is in good health and fully physically able to participate in all the vigorous activities of the camp. In the event of injury or illness, the hockey camp has my permission to obtain medical care for which I agree to be responsible. I give the CHE hockey camp permission to take my child to day trips for recreational activities. I have read the cancellation policy.

All photographs acquired at the hockey camp become the property of Canadian Hockey Enterprises and may be used for promotional brochures and website viewing.

Parent's or Guardian's Signature _____ Print Name _____

For Office Use Only • Date Received _____ Deposit _____ Full _____

STEP 2 - CHOOSE METHOD OF PAYMENT

Please let us know how you would like to pay for the camp:

Mailing a cheque Deposit only Full payment

Credit Card Deposit only Full payment

Credit Card information:

Member of #2777847





CDN Card

U.S. Card

Card# _____

Exp. Date _____ CSC: _____

Name of Cardholder: _____

Signature: _____

* Canadian Camps will be charged in Canadian funds.

U.S. Credit Card holders: We are a Canadian based company. Please let your credit card company know ahead of time to avoid security delays.

STEP 3 - SEND THIS PAGE TO US

MAIL

Send cheque with this form to:

Canadian Hockey Enterprises
 727 Lansdowne St. W,
 Suite G3.
 Peterborough, Ontario
 K9J 1Z2

EMAIL

Scan/Email this form to:

goals@chehockey.com

FAX

Fax this form to:

(705) 749-3207

QUESTIONS? CALL 1-800-461-2161

SPECIAL NOTES:

Please indicate any special information here such as allergies, roommate requests etc.

