

Group 1

2017 Future Starz Hockey School Registration

Age 5, 6 years old

Name of Player:			, Birth Date:// First name	
	Last name	First name	YYYY / MM / DD	
Home Tel. ()	or Email Address		
accident or in	njury that may occur w	hile my son(s) and/or daug	ny member responsible for any ghter(s) is (are) involved with this clinic, Future Starz Hockey School.	
Cash \$	Cheques/Cred	it Card \$On	n Line: \$ Balance \$	
Received By	Faustina Coach	/ Club Member	Date	
Parent or Gu	ardian Sign	D	Date	
₩ Dotoob			Pariatorina	
ø Detacn	and Keep Bottom Port	tion for your receipt when	Registering	
Faustina Ho 2017 Hocke		& <i>Reminder</i> \$_Paid; _	Balance;	
Cost:	A 0== 00	nt, full payment of and regis ake Cheque payable to: Fa	istration form must be handed in together. austina Events	
Includes:	On ice instruction from	stina Hockey School Sweater (Must be worn at all times) ce instruction from Faustina Hockey Club Coaches ours of Sweat, Skills, Improvement and Fun		
Location:	MasterCard Centre .	400 Kipling Ave.		
	Dates and times are subject to change.			
	Please check Fa	ustina web site to print	t complete Group # 1 Schedule	
Session Dates:		(6:00pm – 7:00pm)and S 1,23,28 Oct. 1st & 8th(S	Saturday mornings (8:00 – 9:00 am) Sundays)	
NOTE:	There are only a limited number of players per Group. Participants will be taken on A <u>first come / first serve basis</u> until the clinic is full. Sweaters will be given out at the first session and MUST be worn to participate in each session.			
	You will NOT be contacted before the first session. If you are registered, please keep and post this schedule / receipt . For more info. Call 416-251-8439 voice mail only or visit our web site at www.faustinahockey.com			
	Faustina Sports Clul Faustina Instructors Registration forms a	o will not be responsible fo have the option to move a	or lost or stolen articles. a player, based on ability to another group. stina member with full payment . alf)	
			Group 1	