

Group 2

2017 Future Starz Hockey School Registration Age 7,8 & 9 years old

Name of Player:		,, Birth Date:// Last name First name						
		Last name	First	name		YYYY / MM /	DD	
Home Tel. ()	or Email Address						
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Parent/Guar	dian Prin	t Name						
		t may occur while		_				
and anythir	ig lost of	r stolen while atte	ending The	Faustina Fut	ture Starz H	łockey Scho	ol.	
Cash \$		_Cheques /Credit	Card \$	On L	ine: \$	Balar	nce \$	
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Received By		Faustina Coach / Clu	b Member	_ Date	,			
Parent or Gu	iardian	Sign		_ Date	·			
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		Docton i Ortion i						
Faustina He	ockev C	lub						
		ol Schedule & Re	eminder	\$ Paid;	ı	Balance:		
Cost:	_	rsure enrollment, f 75.00 Make	. •	and registration in the second register in th			in together.	
Includes:	On ice	austina Hockey School Sweater (Must be worn at all times) on ice instruction from Faustina Hockey Club Coaches O hours of Sweat, Skills, Improvement and Fun						
Location:	MasterCard Centre . 400 Kipling Ave .							
	Dates and times are subject to change.							
	Please check Faustina web site to print complete Group # 2 Schedule							
Session Dates:	Thursday evenings (7:00 – 8:00 pm) and Saturday mornings (9:00 – 10:00 am) Sept. 2,7,9,14,16,21,23,28. Oct. 1 st & 8th (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 Club will not be responsible for lost or stolen articles. Faustina Instructors have the option to move a player, based on ability to another group. Registration forms are to be returned to a Faustina member with full payment. Use this form for your Tax receipt. (Bottom Half)							