Group 3 Faustina Hockey ClubGroup J2018 Future Starz Hockey School Registration Age 9,10 years old & up

Name of Player:Last name		, Birth Date:/ // First name YYYY / MM / DD	
-	Last name	First name	YYYY/ MM / DD
Home Tel.()	or Email Address	
l, Parent/Guard	, will not lian Print Name	hold Faustina Club or any m	ember responsible for any
		e my son(s) and/or daughter tending The Faustina Futu	(s) is (are) involved with this clinic, re Starz Hockey School.
Cash \$	Cheques / Cred	it Card \$On Lin	e: \$ Balance \$
Received By Faustina Coach / C		Date	
Parent or Guardian Sign			
X Detach a	and Keep Bottom for you	r receipt Portion when Regis	tering
Faustina Ho 2018 Hocke		Reminder\$_Paid;	Balance;
Cost:		full payment and registratio • Cheque payable to: Faust	n form must be handed in together. <mark>ina Events</mark>
Includes:	Faustina Hockey School Sweater (Must be worn at all times) On ice instruction from Faustina Hockey Club Coaches 10 hours of Sweat, Skills, Improvement and Fun		
Location:	MasterCard Centre 400 Kipling Ave.		
	Dates and times are subject to change.		
	Please check Faus	tina web site to print co	mplete Group # 3 Schedule
Session Dates:	Thursday evenings (8:00 – 9:00 pm) and Saturday mornings (10:00 – 11:00 am) Sept,6,8,13,15,20,22,27,29. Oct. 4,11.		
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 pos this schedule / receipt .		
	For more information visit our web site at www.faustinahockey.com		
	Faustina Instructors ha Registration forms are	vill not be responsible for los ave the option to move a play to be returned to a Faustina Tax receipt. (Bottom Half)	ver, based on ability to another group.

