Faustina Hockey Club



2019 Future Starz Hockey School Registration Age 9,10 years old & up

Group 3

Name of Player:		, Birth Date:// First nameYYYY / MM / DD	
-	Last name	First name	YYYY/ MM / DD
Home Tel.()	or Email Address	
accident or i	njury that may occur while	e my son(s) and/or daughte	member responsible for any er(s) is (are) involved with this clinic, iture Starz Hockey School.
Cash \$	Cheques / Credit	Card \$On L	.ine: \$ Balance \$
Received By	Faustina Coach / Cl	Date	e
Parent or Gu		Date	e
Ӿ Detach	Sign and Keep Bottom for your	receipt Portion when Reg	gistering
Faustina Ho 2019 Hocke	ockey Club		Balance;
Cost:	\$ 275.00 Make C	heque payable to: Faust	ion form must be handed in together. t <mark>ina Events</mark> vailable until April 1 st /19
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 Faust	ina web site to print c	complete Group # 3 Schedule
Session Dates:	Thursday evenings (8:00 – 9:00 pm) and Saturday mornings (10:00 – 11:00 am) Sept ; 5,7,12,14,19,21,26,28. Oct. 3,10.		
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 information visit our web site at www.faustinahockey.com		
	Faustina Instructors hav Registration forms are t		layer, based on ability to another group. na member with full payment .

