

Group 2

2019 Future Starz Hockey School Registration Age 6-9 years old

Name of Player:		, I	, Birth Date:// First name	
-	Last name	First name	YYYY / MM / DD	
Home Tel. ()	or Email Address		
accident or i	njury that may occur while	hold Faustina Club or any m le my son(s) and/or daughter ttending The Faustina Futu	(s) is (are) involved with this clinic,	
Cash \$	Cheques /Credi	t Card \$On Lir	ne: \$ Balance \$	
Received By	Faustina Coach / C	Date Club Member		
Parent or Gu	ardian Sign	Date		
S Detach	and Keep Bottom Portion	n for your receipt when Regi	stering	
Faustina Ho	ockey Club		Balance;	
Cost:	To ensure enrollment, full payment and registration form must be handed in together. \$ 275.00 Make Cheque payable to: Faustina Events Early registration fee of \$ 250.00, available 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 ar	e subject to change.		
	Please check Faus	stina web site to print co	mplete Group # 2 Schedule	
Session Dates:	Thursday evenings (7:00 – 8:00 pm) and Saturday mornings (9:00 – 10:00 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 posthis schedule / receipt. For more information 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)			