**ELITE HOCKEY MINI CAMP REGISTRATION**

**Friday June 23rd & Saturday June 24th**

Player’s Name:

Hometown and Team:

Height/Weight: Date of Birth:

Hockey/Skating Experience:

Check here if your child is a goaltender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:

Email:

Primary Phone:

If your child is 4-6 years old, please indicate whether they will be at the camp a full day or half day. The half day option is only for 4-6 year olds.

\_\_\_\_\_\_full day 9am-4pm $195 \_\_\_\_\_\_\_half day 9am-1pm $125

Please email this APPLICATION and the PAYMENT RECEIPT you will receive when the payment is made to Patti Crowe at:

[elitehockeycamps@gmail.com](mailto:elitehockeycamps@gmail.com)

Use the link below to submit your payment

<http://elitehockeycamps.com/pay/>