**ELITE HOCKEY MINI CAMP REGISTRATION June 22nd& 23rd**

Player’s Name:

Hometown and Team:

Height/Weight: Date of Birth:

Hockey/Skating Experience:

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

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

\_\_\_\_\_Group Rate: Register 4 or more players $150 per player

Please email Patti the names of the players in your group

**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/>