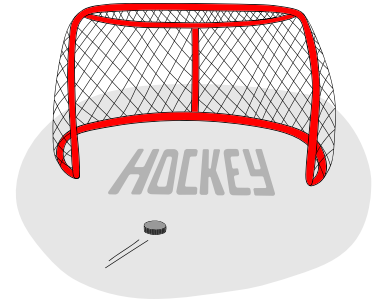


# CAMP REGISTRATION

## Hockey Camp:

Week 1 _____	6/30-7/3* (NO 7/4)
Week 2 _____	7/7-7/11
Week 3 _____	7/14-7/18
Week 4 _____	8/4-8/8
Week 5 _____	8/11-8/15
Week 6 _____	8/18-8/22
Week 7 _____	8/25-8/29



\*\*\*Jerseys included.

Full Day Camp - \$600

Half Day Camp- \$350

Full Day \_\_\_\_\_ Half Day Am \_\_\_\_\_ Pm \_\_\_\_\_

\*Multi Sibling Discounts

\*Lunch Not Included

Can purchase at rink or bring your own.

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Student DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



OFFICE USE ONLY :Method of Payment :  
(Make all checks payable to Superior Ice Rink)  
Check # \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_  
AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ MGR: \_\_\_\_\_