



Kimberley Jr. Dynamiters Hockey Club



Training Camp 2010 August 28th – 30th, 2010

Kimberley Civic Centre

Player Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: () _____ Cell: () _____

Email: _____

Birthdate: Year/Month/Day: _____ Age: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number(s): _____

Health Card Number: _____

Height: _____ Weight: _____

Position: _____ Last Team Played For: _____

League or Division: _____

Player Signature: _____

Parent/Guardian (If under 19 years): _____

Training Camp Fee: \$125 (VISA - MasterCard - Debit - Cash will be accepted)

Payment: Credit Card No: _____ VISA or MC: _____

Expiry Date: _____ Name on Card: _____

Please complete these forms as neatly and correctly as possible and return them by mail or fax to our office by August 13th, 2010. Players will not be allowed to participate in on-ice sessions without proper registration and receipt of payment. No confirmation letter will be issued.

Kimberley Jr. Dynamiters Hockey Club, Box 371, Kimberley, BC V1A 2Y9

Phone: (250) 427-1931 Fax: (250) 427 1933