



**Kimberley Jr. Dynamiters Hockey Club
Training Camp August 29-31, 2009
Kimberley Civic Center**

Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone No.: (____) _____ 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: _____

Players' 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 to our office by August 14th, 2009. 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
P.O. Box 371 Kimberley, BC V1A 2Y9
Telephone (250) 427-1931 Fax (250) 427-1933