



MITCHELL MINOR HOCKEY
 CAMP REGISTRATION
 (5 on ice session in Sept)
 2017 – 2018

Mail to: Mitchell Minor Sports
 c/o Box 431
 Mitchell, ON
 N0K 1N0

Player's Name: _____
 Birthdate: _____
 Address: _____
 Postal Code _____
 Telephone Number: _____
 Email address: _____
 Email address: _____

Previous team played for: _____

Check One	Division	Fee	Late Fee
	Novice	\$110	\$140
	Atom	\$110	\$140
	Peewee	\$110	\$140
	Goalie	\$110	\$140

All camp registration must be paid by August 1, 2017

Based on first come first served basis per age group

Date _____

Parent Signature _____



MITCHELL MINOR HOCKEY
 CAMP REGISTRATION
 (5 on ice session in Sept)
 2017 – 2018

Mail to: Mitchell Minor Sports
 c/o Box 431
 Mitchell, ON
 N0K 1N0

Player's Name: _____
 Birthdate: _____
 Address: _____
 Postal Code _____
 Telephone Number: _____
 Email address: _____
 Email address: _____

Previous Team Played for: _____

Check One	Division	Fee	Late Fee
	Novice	\$110	\$140
	Atom	\$110	\$140
	Peewee	\$110	\$140
	Goalie	\$110	\$140

All camp registration must be paid by August 1, 2017

Based on first come first served basis per age group

Date _____

Parent Signature _____