



SKATETOWN'S HOCKEY CAMP COOL 2010 REGISTRATION FORM \$225 per week (9am-5pm; for ages 6-12)

Camper's Name _____ Female Male Home Ph. _____

Street Address _____ City _____ Zip _____

Mother's Name _____ Home Ph. _____ Work Ph. _____

Father's Name _____ Home Ph. _____ Work Ph. _____

Email _____ Cell Ph. _____ Pager No. _____

Who is authorized to pick up child from camp (please list full name(s) and relationship to camper): _____

Camper's Birthdate _____

Years of Hockey Experience ____ / No skating or hockey experience needed

T-shirt Size: (circle one) Child size: M L Adult size: S M

Does your camper have his/her own full hockey gear (shoulders, elbows, knees, pants, gloves)? Yes No
If not, we provide loaner gear for campers.

How did you hear about Hockey Camp? Picked up literature on-site Word of mouth
 Learn to Play Hockey class Attended hockey camp or Camp Cool previously Other _____

Hockey Camp Cool—July 26-30 (full week) - \$225

Payment Method: MasterCard Visa American Express Check (payable to Skatetown)
Credit Card Number _____ CV2 code _____ Exp. Date _____

Skatetown use only: Paid \$ _____ Date _____ Initials _____
 All data entered by cashier Application routed to Camp Director



**Send completed registration form along with payment and
Release of Liability/Consent to Treat Form to:**

Skatetown, 1009 Orlando Ave., Roseville, CA 95661
or fax it to 916.783.9235

Skatetown reserves the right to photograph facilities, activities and program participants for potential future use in advertising materials, TV commercials and Skatetown's Website. All photos will remain the property of Skatetown.

**Skatetown Ice Arena, 1009 Orlando Avenue, Roseville CA 95661 ♦ 916.783.8550
www.skatetown.biz**