



# Specialty Camps 2012 Body Checking Camp Registration

Calgary Hockey Development  
1729 12 Street SW  
Calgary Alberta T2T 3N1  
T 403-777-3646 F 403-777-4550

**TO REGISTER:** Please fill in the required information, including credit card details, and fax to Calgary Hockey Development at 403-777-4550, or scan and email to [info@calgaryhockeydevelopment.com](mailto:info@calgaryhockeydevelopment.com)

**CAMP CONFIRMATION:** Registration is on a first-come, first-served basis and is not confirmed until payment has been processed. You will receive an e-mail confirmation once payment has been processed.

- REFUND POLICY:**
1. Registration fees will be refunded (less a \$45 cancellation fee) for cancellations received in writing on or before June 1, 2012. Requests must be sent by email to: [info@calgaryhockeydevelopment.com](mailto:info@calgaryhockeydevelopment.com)
  2. Registration fees cannot be transferred to the following year
  3. No refunds for cancellations will be issued after June 1, 2012 without a doctor's certificate. Notice must be provided via email to: [info@calgaryhockeydevelopment.com](mailto:info@calgaryhockeydevelopment.com)

For more information please call Calgary Hockey Development at 403-777-3646 or visit [www.calgaryhockeydevelopment.com](http://www.calgaryhockeydevelopment.com)

**Program Information** Please be sure to register for the correct camp based on date of birth and team played on in the 2011/12 season. Calgary Hockey Development reserves the right to remove a registrant from a camp or move a registrant to the appropriate level of camp.

## Body Checking

(For male and female players born in 1998-2001)

- Aug 27-31**      **5:45pm-6:45pm**      **Southland Leisure Centre - \$195.00 (includes GST)**
- Sep 4-7**      **5:30pm-6:30pm**      **Southland Leisure Centre - \$156.00 (includes GST)**

## Registration Information

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mom \_\_\_\_\_ Cell # \_\_\_\_\_ Bus # \_\_\_\_\_

Dad \_\_\_\_\_ Cell # \_\_\_\_\_ Bus # \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Division # or Level Played \_\_\_\_\_

Team last played on \_\_\_\_\_ Position played \_\_\_\_\_

Special Medical Conditions or Allergies \_\_\_\_\_

Emergency Contact Name & Number While Camp is in Progress \_\_\_\_\_

Email for payment receipt and confirmation \_\_\_\_\_

## Payment Information

Credit Card Type       Visa       MasterCard  
Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

3 Digit Code on Back \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Credit card information will be destroyed once payment has been processed