

TOP PROSPECTS

HOCKEY SCHOOL

WWW.TPHS.COM

LUCAN - 2011 REGISTRATION FORM

(Please print out and complete this form for each participant)

Player Name:	<input type="checkbox"/> Week One (Aug. 15 – 19)	Current Age:
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	Postal Code:	
Birthdate:(dd/mm/yy)	Home Phone:	
Parents Name(s):	Work Phone:	
Emergency Contact:	Emergency Phone:	
Parent Email Address:		
Health Card Number:		
Player Position: <input type="checkbox"/> C <input type="checkbox"/> LW <input type="checkbox"/> RW <input type="checkbox"/> D <input type="checkbox"/> G	Allergies:	
Level of Play: <input type="checkbox"/> AAA <input type="checkbox"/> AA/A <input type="checkbox"/> Select <input type="checkbox"/> House League		
Hockey Jersey Size: <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult L <input type="checkbox"/> Adult M <input type="checkbox"/> Adult S <input type="checkbox"/> Youth XL <input type="checkbox"/> Youth L <input type="checkbox"/> Youth M <input type="checkbox"/> Youth S		
T-Shirt Size : <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult L <input type="checkbox"/> Adult M <input type="checkbox"/> Adult S <input type="checkbox"/> Youth XL <input type="checkbox"/> Youth L <input type="checkbox"/> Youth M <input type="checkbox"/> Youth S		

Please mail in this registration form completed with all necessary fees:

**Make Cheques Payable to:
Top Prospects Hockey School
959 Gabor Court
London , Ontario
N6K 4V5**

Any questions call : 519-641-0629

email: topprospects hockey@rogers.com