



R.A.W. HOCKEY SKILLS ACADEMY 2009 REGISTRATION FORM

FULL NAME: _____

PARENTS NAME: _____

CARE CARD #: _____

EMAIL: _____

PHONE: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #: _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

BIRTHDATE (DD/MM/YY): _____

PROGRAM SELECTION (check one):

GROUP A: _____ **GROUP B:** _____

JERSEY SIZE (please circle): Youth S M L XL Adult S M L XL

MEDICAL CONDITIONS (if relevant): _____

PLEASE LET US KNOW ANY ADDITIONAL INFORMATION THAT YOU FEEL IS IMPORTANT FOR US TO KNOW:

Please mail completed form and cheque to:

**R.A.W. Hockey Skills Academy
2621 Platinum Place
Victoria, BC
V9B 6A7**

**For any other questions or concerns please call
(250) 478-4846 OR email rawhockeyskills@telus.net**