



R.A.W. HOCKEY SKILLS ACADEMY 2010 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 please)

GROUP A: _____ GROUP B: _____

JERSEY SIZE (please circle one): 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