



Coach Stream clinic

Date: **July 25th 2009**

Time: **7:30a.m. – 5:30p.m.**

Ice time: **1 hour** Equipment required: **skates, stick, gloves and helmet**

Place: Multipurpose room, Keswick Ice Palace

Cost: **\$135.00** Cheque made payable to GMHA

Name of Participant: _____

Club / Home Association: _____ Level coaching: _____

Mailing Address: _____

Phone number: _____ Email: _____

Please mail this registration form and your cheque to: GMHA
P.O. Box 253
Keswick Ontario L4P 3E2

If paying by credit card please complete the following section and fax to GMHA (905) 476-6245

Card type: Visa MasterCard

Card number: Expiry date:

Signature:

Registration will be accepted on a first come, first serve basis with the completed **registration form and payment**. You may register by completing this form and mailing it along with a cheque (**NO POST DATED CHEQUES**) to the above noted address or if paying by Visa or MasterCard by completing the credit card section above and then faxing to the above mentioned fax number.

All refunds are subjected to a \$10.00 administration fee unless the clinic is cancelled.

“I hereby release the **Georgina Minor Hockey Association** from any and all claims arising from any accidents or injury which are caused by or arise from participation by the applicant named herein during any program or in any facility or at any location at which a program is held.”

Signature: _____ Date: _____

