



Trainer Refresher clinic  
Wednesday May 20<sup>th</sup> 2009

Time: **Registration 6:30p.m. Clinic 7:00p.m.**  
Place: Multipurpose room, Georgina Ice Palace, Keswick  
Cost: **\$55.00** Cheque made payable to GMHA

Name of Participant: \_\_\_\_\_

Club / Home Association: \_\_\_\_\_

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 herby 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: \_\_\_\_\_

