

2024 Camp Registration Form

Contact Information

PLAYER NAME PRIMARY PHONE	
ADDRESS: ADDITIONAL PHONE	
CITY E-MAIL	
STATE / PROV. PARENT/GUARDIAN	
Camper Information	
GRADE YEARS EXP: HOCKEY POSITION:	
SPECIAL MEDICAL CONCERNS: NO YES	
(If yes, please include a brief explanation)	
HAVE YOU ATTENDED ONE OF OUR CAMPS? YES NO	
Each skater will receive a camp jersey when they attend. Please check the size you want us to order specifically for your chil	<u>i</u> .
☐ YOUTH MED. ☐ YOUTH LRG. ☐ ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE	
Composed Boumont Information	
Camp and Payment Information	0007
SESSION LOCATION DATE (TIME)	COST
1 Puck handling & Skating Clinic Patterson June 24-27 (11:00a – 2:00p) Birth year 2013, 2014, 2015, & 2016	\$215
2 Body Play, Safety, & Checking Camp Patterson July 22-25 (9:00a – 2:00p) PeeWee and Bantam	\$315
FOR OFFICE HOF ONLY: Parasit C	
FOR OFFICE USE ONLY: Deposit: \$ Date: Balance: \$ Conf. Sent & Date: Y N	

Method of Payment:

MAIL: Please check the camp(s) you are enrolling in and remit a minimum of \$100 for each session you select, along with this form. All balances due one month prior to camp date. Send registration and payments to: 7861 Rodao Drive SE, Caledonia, Michigan 49316. If you are mailing this form, please pay by check only. Make checks payable to Hockey Specialty Camps.

ONLINE: If you desire to pay by credit card, make use of our online registration. Our website for this option is: www.HSC4ME.com

Questions? Call (616) 299-6382 or e-mail us at: hsc4me@chartermi.net