

Iceland Arena, Flint, MI June 20-24, 2016

Registration Form

Player's Name:			Date of Birth:								
Parents Names:		 									_
Address:		 	Cit	y:	S	tate:	Zip	Code	:		
Home Phone:		 		Ce	ll Pho	ne:					_
Email Address:		 									
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Fees are: \$475.00 per Player or Early Enrollment \$400.00 per Player by May 1st, 2016 Each application must be accompanied by a \$100.00 down payment or Full Payment. Please fill out the Registration Form and Fax it to: 248-841-1979 and then, send the payment and the Hard Copy to: Christensen Hockey Programs, 845 Stanford Circle, Rochester Hills, MI 48309

The applicant agrees that Christensen Hockey Programs Inc. and or, their proprietors will not be held responsible for any accident or loss, however caused and agrees to release the proprietors from result of or by reason of such accident or loss. Christensen Hockey Programs Inc. reserves the right to use any pictures taken during training sessions, games for Advertising and or Instructional purposes.

Parent / Guardian:	Date:
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