

St. Catharines CYO Minor Hockey Clinic Registration Form



Name: _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Birth Date:** _____
(Month – Day - Year)

What Age Division are you Coaching: (Circle One)
TYKE – NOVICE - ATOM - PEEWEE - BANTAM – MIDGET - GOALTENDING

The Name of My Minor Hockey Association is:

CLINIC INFORMATION: Please indicate with an "X", which clinic you are registering for.

- Trainers Clinic (8 Hours)** **Coach Stream Clinic (8 Hours)**
 Maximum of 40 accepted. Maximum of 36 accepted.

- Trainer Certification can also be taken online at: www.hdcolearning.com
- Participants must sign in ½ hour prior to start of class.
- Participants must be 16 years of age or older to attend clinic.

Clinics will be filled on a first paid, first serve basis. Spaces will be reserved only upon receipt of a completed form and a currently dated cheque made payable to the "CYO Hockey".

REFUNDS AND CANCELLATIONS:

Refunds will be issued once a written request (e-mail, fax, etc.) is received based upon compliance of the following conditions:

1. A refund will be issued to anyone giving cancellation notice more than 3 business days prior to the start of the clinic, less than 3 business days notice will result in the deduction of a \$50.00 administration fee from the clinic price. If the price is less than \$50.00 no refund will be issued in lieu of the administration fee.
2. No refunds will be issued for participants who are late or absent without just cause.

OFFICE USE ONLY:		
Payment Received: \$	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> VISA/MC <input type="checkbox"/> Debit	Dated: