

St. Catharines CYO Minor Hockey Clinic Registration Form



Name: _____
Address: _____
City: _____ **Postal Code:** _____
Phone: _____ **Birth Date:** _____

What Age Division are you Coaching: TYKE NOVICE ATOM PEEWEE BANTAM MIDGET

Your Minor Hockey Assoc. Name: _____

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

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> Preventive Services/Speak Out
Maximum of 50 accepted. | N/A | <input type="checkbox"/> Trainers Clinic
Maximum of 40 accepted. |
| <input type="checkbox"/> Trainers Re-Certification Clinic
Maximum of 50 accepted. | <input type="checkbox"/> | <input type="checkbox"/> Coach Stream Clinic (8 Hours)
Maximum of 36 accepted. |

* Participants must register ½ hour prior to start of class.

* Participants must be 16 years of age or older to attend clinic.

<u>CLINICS COSTS:</u>		
<u>Clinic</u>	<u>CYO Members</u>	<u>Other Centres</u>
Preventive Services	\$25.00	\$30.00
Trainers Re-Certification	\$75.00	\$80.00
Coach Stream 1 Clinic	\$130.00	\$135.00

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	Dated: