

## 2011 Strictly Shooting Christmas Registration

### Player Information

First Name _____	Last Name _____
Address _____	City _____
State _____	Zip _____
Home Phone _____	Alt. Phone _____
Birth Date _____	Current Team _____
Parent's Name _____	Email _____

How Did you find out about us?    Rink \_\_\_\_\_    Web \_\_\_\_\_    Mailing \_\_\_\_\_    Email \_\_\_\_\_    Ad \_\_\_\_\_    Referral \_\_\_\_\_

Other \_\_\_\_\_

### Registration and Payment Method

Location _____	Camp Code _____
Group Name _____	
Payment Method    Check _____    Visa _____    MasterCard _____	
Card/Check Number _____	Signature _____
Name on Card _____	Cv# _____    Exp. Date _____

Make checks payable and return to: S.D. Hockey LLC, 4087 Elaine, Port Huron, MI 48060

Your cancelled check or credit card statement is confirmation of your acceptance into the program. A reminder email will be sent out approximately one week prior to the camp start date. You can also get confirmation by emailing us at [info@breakthroughsd.com](mailto:info@breakthroughsd.com)

### Tuition and Discount Information

Program Tuition	\$165.00
Early Registration Discount (\$15)	-
Group of 2 or 3 Discount (\$10)	-
Group of 4 or more Discount (\$20)	-
<b>Total Paid</b>	<b>\$</b>

The applicant agrees that S.D. Hockey LLC, and or its proprietors will not be held responsible for any accident or loss however caused and agrees to release S.D. Hockey LLC and or its proprietors from all claims or damages which may arise as a result of such accidents or loss. In the event of inability to contact me, I hereby give you permission to seek out any medical assistance my child may require while attending this program.

Parent's Signature \_\_\_\_\_

**S.D. Hockey**

4087 Elaine, Port Huron, MI 48060

Ph. (810) 985-4529

[www.breakthroughsd.com](http://www.breakthroughsd.com)