



TEAM PRIDE REGISTRATION FORM

Please enroll the following skater. By signing below I understand that Pride Hockey, INC. or anyone employed by Pride Hockey, INC will assume no responsibility for accidents, loss of equipment, or other expenses incurred as a result of participation in this program.

DATE _____ Signature of Parent/Guardian _____

NAME _____ D.O.B. _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (W/C) _____

PLAYERS E-MAIL ADDRESS _____

PARENTS E-MAIL ADDRESS _____

SCHOOL _____

TEAM(S) _____ POSITION _____

A \$100 deposit per camp is required upon return of application. Final payments are due on or before September 13, 2009. Failure to do so will result in loss of deposit and team spot. If using a credit card, the balance will be charged upon verbal authorization on or before September 13, 2009.

PAYMENT OPTIONS:

CREDIT CARD _____ CHECK _____ CASH _____ AMT. ENCLOSED \$ _____

IF USING CREDIT CARD:

VISA _____ MASTERCARD _____

CARD # _____ EXP. DATE ____ / ____ CID CODE _____

Mail application to:
PRIDE HOCKEY, INC. / 99 Lincolnshire Dr. Bradford, MA 01835

FOR MORE INFORMATION CALL OR EMAIL:
JEREMY TABB (978) 857-7099 / pridehockey1@comcast.net