



REGINA REBELS FEMALE MIDGET AAA

2009 FALL CAMP
REGISTRATION FORM

PLAYER INFORMATION

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

BIRTHDATE (dd/mm/yr): _____

HEIGHT: _____ WEIGHT: _____ SHOOTS (LEFT / RIGHT): _____

TEAM(S) PLAYED FOR IN 2008/09 SEASON: _____

LAST COACH'S NAME: _____

POSITION TRYING OUT FOR: 1. _____ 2. _____

PLAYER'S SIGNATURE: _____

PARENT(S) INFORMATION

FATHER'S NAME: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

E-MAIL ADDRESS(S): _____

I hereby acknowledge that any subsequent intent to withdraw from the Regina Rebels 2009 Fall Camp must be submitted via e-mail to: lynn.tulloch@sasktel.net. Full refunds will be provided for cancellation notices received seven (7) days prior to the commencement of camp. No full or partial refunds will be issued after this deadline without a valid doctor's certificate.

PARENT'S SIGNATURE: _____

This registration form – with full payment – must be completed, signed, and submitted prior to the registrant being permitted to enter the ice for the first time.

Mail completed registration form and \$ 80 fee to:

Regina Rebels Fall Camp
c/o 2411 Klein Place E.
Regina, Sask.
S4V 2B6

Pride, Passion, and Purpose!

www.ReginaRebels.ca