



HOCKEY CANADA

SKILLS DEVELOPMENT CAMP

All Female Camp

Name: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone # (Home): _____

E-mail Address: _____

Parents Name _____ Office Phone #: _____

Fax #: _____ Fax Contact: Attn to: _____

Team / Level: _____

Date of Birth (yy/mm/dd) (/ /)

Cost: \$65.00 Province: NS

Money Order Cash Cheque made out to Hockey Nova Scotia

Camp Location: **Dartmouth Sportsplex**

Date: November 11, 2009

To register for this camp, please return this application form to:

**Joanne Hughes
35 Ancaster Court
Dartmouth, NS B2V 1J2**

Or

Joanne@accesswave.ca

