



Registration Form for Summer Camps 2014

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|-------------------------------|--|
| Name: | |
| Phone #: | |
| Email Address: | |
| Address: | |
| Date of Birth: | |
| Next Year's Team & Age | |
| Last Year's Team & Age Group: | |

The Rinx

*** Please enclose Registration Form with Cheque and Mail to: ***

The Hockey Institute
600 Kingston Road Apt. #503
Toronto, On M4E 1R1