

BURNSVILLE HOCKEY CLUB SPRING 2008 SKILLS CLINICS REGISTRATION

Player Name: _____

Parents Names: _____

Address: _____

City / State / Zip: _____

E-mail Address(s): _____

Home Phone: _____ Cell Phone _____ Other _____

Team played on in the 2007 -2008 Season: _____

SESSION REGISTERING FOR: _____

**** Players need to register for the level they will be at in the 2008 – 2009 season****

Session One / Mites & U8 Skaters = \$70.00 Goalies = \$35.00

Session Two / Squirts & U10 Skaters = \$80.00 Goalies = \$35.00

Session Three / PeeWee & U12 Skaters = \$80.00 Goalies = \$35.00

Session Four / Bantams & U14 Skaters = \$80.00 Goalies = \$35.00

Please make checks payable to the BHC

Please fill out the registration form below and mail with your
check payable to the “BHC” to:

BHC SPRING CLINICS c/o
Pat Duda
12908 2nd Ave South
Burnsville MN 55337