



MLK Weekend Hockey Clinic

“Please Circle Below Which Location You Will Attend”

I will attend: A. Ice in Paradise or B. Iceoplex, Simi Valley

Value Priced at \$225.00 and “Includes a Written Evaluation”!

Registration Form

Player’s Name: _____ Date of Birth: _____

Parents Names: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email Address: _____

My Son or Daughter will attend the: A. Ice in Paradise, Goleta or B. Iceoplex, Simi Valley

Fees are: \$225.00 per Player

Each application must be accompanied by a **\$100.00** down payment or **Full Payment**. *Please fill out the Registration Form, take a picture of it with your cell phone and Text it to (586) 864-8510 or Fax it to: 248-841-1979 and then, send the payment and the Hard Copy to: Christensen Hockey Programs, 845 Stanford Circle, Rochester Hills, MI48309 or write “Credit Card” on the Registration Form and when I receive it, I will call you for your Credit Card Payment Details.*

The applicant agrees that Christensen Hockey Programs Inc. and or, their proprietors will not be held responsible for any accident or loss, however caused and agrees to release the proprietors from result of or because of such accident or loss. Christensen Hockey Programs Inc. reserves the right to use any pictures taken during training sessions, games for Advertising and or Instructional purposes.

Parent / Guardian: _____ Date: _____