

Regency Skills Clinic Registration

- 10+ ice hours, 8+ dryland hours
- Players are dropped off at 8:30AM and picked up at 4:30PM
- Lunch is provided

Clinic Cost: \$250

This fee is due on or before the first session.

Make checks payable to Regency Ice Rink (\$20 service fee for returned checks)



SESSION (One session per form please): JUNE 17 - 21 JULY 8 - 12

MALE 8U 10U 12U 14U 16U 18U
 FEMALE

Player Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Parent's Name: _____

Parent's e-mail: _____

Birth date* (mm/dd/yy): _____

USA Hockey #: _____

School District: _____

2019 – 20 Grade: _____

Number of years playing: _____

Previous Club: _____

By signing below, I am registering the above participant with the Regency Ice Rink to participate in the Skills Clinic, and agree to all financial and administrative procedures executed by the rink. I also agree that my financial obligation will be completed by the start of the first ice session.

Signature: _____

Printed Name: _____

Date: _____

Skills Clinic