



HOCKEY SCHOOL OR CAMP REGISTRATION

GROUP DETAILS

School/Camp Name: _____ Number of participants: _____

Start Date: _____ End Date: _____

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc):

NAME OF ORGANIZER

Name: _____ Email: _____

Address: _____ Phone: () _____

City: _____ Alternate Phone: () _____

Prov: _____ Postal Code: _____

NAMES OF ON-ICE HELPERS (OPTIONAL)

1) _____ 6) _____

2) _____ 7) _____

3) _____ 8) _____

4) _____ 9) _____

5) _____ 10) _____

PAYMENT METHOD:	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey)	
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	PAYMENT AMOUNT _____
	<input type="checkbox"/> Payment via Online Banking	Expiry Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____



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