



Date: _____

Parents Name: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Campers Name: _____ Email: _____

DOB: _____ Player Position: _____

Current Organization: _____ Coaches Email: _____

Summer Camp Programs

Please Check off box

One Week July 12-26, 2017 855.00
..... Deposit **150.00**

Balance _____

Save \$50 on Two Week Package

Two Weeks July 12-21, 2017 1710.00
..... Deposit **300.00**

Balance _____

Please fill out, sign and enclosed deposit.

Mail to:

EHA Hockey Academy
3 Nick Place
Plainview, New York 11803

Signature: _____