Newmarket Minor Hockey Association

P.O. Box 71081, 570 Mulock Drive, Newmarket, ON L3X 1Y8
Tel: 905-898-0714 Fax: 905-898-3557 Email: nmha@on.aibn.com

LAST NAME:	**FIRST NAME:**
ADDRESS:	
CITY:	**POSTAL CODE:**
TELEPHONE:	**CELL:**
E-MAIL:	
Acceptance into clinic(s) will be confirmed by e-mail.	
HOME ASSOCIATION:	
Current Cert : Coach Level :_____	**Expiry Date:** _____

	Clinic Name	Date(s)	Time(s)	Location	Cost
Please check box for clinic you are registering					
☐	Coach Refresher	Thursday, June 3, 2010	5:30 PM - 10:00 PM	RJT - Lounge 2	$55
☐	Dev 1 *	Sat Aug 14 and Sun Aug 15, 2010	7:30 AM - 6:00 PM	Magna - Activity Room	$135
☐	Coach Stream *	Saturday, September 18, 2010	7:30 AM - 5:30 PM	Magna - Activity Room	$115
☐	Coach Refresher	Thursday, September 23, 2010	5:30 PM - 10:00 PM	Valley View Alliance Church	$55
☐	CHIP *	Saturday, September 25, 2010	7:30 AM - 5 PM	RJT - Lounge 2	$85

*** For these clinics, there is instruction on the ice. Helmet, skates, gloves and sticks are required**

Valley View Alliance Church: 800 Davis Drive, beside Home Hardware, use west side entrance

Registration will be accepted on a first come/first served basis with completed registration form and payment. All payments must be received 7 days in advance of clinic date. You may register by completing this registration form and mailing it along with a cheque payable to NMHA to the address at the top of this form. If paying by VISA or MC please complete the credit card section below and fax to the NMHA at 905-898-3557 or email to nmha@on.aibn.com or mail to address above.

All refunds (with 10 days notice prior to the clinic date) are subject to a $15.00 administration fee unless the clinic is cancelled by the Newmarket Minor Hockey Association.

If registrant does not attend clinic, the registration fee is non-refundable.

SIGNATURE	**DATE**

If paying by credit card please complete this section:

Card Type: Visa MasterCard

Card Number: _____

Expiry Date: _____
Month/Year

Signature: _____

For Office Use Only:

Method of Payment: _____

Payment Date: _____

Reimbursement Date: _____

Method of Reimbursement _____