

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:	

Clinic Name	Date(s)	Time(s)	Location	Cost
Please check box for clinic you are registering				
<input type="checkbox"/> PRS (Speak Out)	Thursday, September 16, 2010	6:00 PM - 10:30 PM	Valley View Alliance Church	\$25
<input type="checkbox"/> PRS (Speak Out)	Wednesday, October 13, 2010	6:00 PM - 10:30 PM	Valley View Alliance Church	\$25

Check In starts at 5:30pm

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 email to nmha@on.aibn.com or fax to the NMHA at 905-898-3557 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
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<p>If paying by credit card please complete this section:</p> <p>Card Type: Visa MasterCard</p> <p>Card Number: _____</p> <p>Expiry Date: _____ <small style="margin-left: 150px;">Month/Year</small></p> <p>Signature: _____</p>	<p style="text-align: center;"><i>For Office Use Only:</i></p> <p style="text-align: center;">Method of Payment: _____</p> <p style="text-align: center;">Payment Date: _____</p> <p style="text-align: center;">Reimbursement Date: _____</p> <p style="text-align: center;">Method of Reimbursement _____</p>
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Valley View Alliance Church: 800 Davis Drive, beside Home Hardware, use west side entrance