

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: Trainer Level: _____ Expiry Date: _____	

Clinic Name	Date(s)	Time(s)	Location	Cost
Please check box for clinic you are registering				
<input type="checkbox"/> Trainer Refresher Lev 1	Wednesday, June 9, 2010	5:30 PM - 10:00 PM	RJT - Lounge 1	\$60
<input type="checkbox"/> Trainer Level 1 (HTCP)	Sunday, June 13, 2010	8:30 AM - 5:00 PM	RJT - Lounge 2	\$80
<input type="checkbox"/> Trainer Refresher Lev 1	Wednesday, Sept 22, 2010	5:30 PM - 10:00 PM	Valley View Alliance Church	\$60
<input type="checkbox"/> Trainer Level 1 (HTCP)	Saturday, October 2, 2010	8:30 AM - 5:00 PM	RJT - Lounge 1	\$80

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
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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