

IMPACT SKILL AND TEAM CAMP REGISTRATION FORM

TEAM/CLUB INFORMATION :

Participant's School/Club Name: _____

Participant's Sponsor Coaches Name: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

***For team or club registration make one cheque payable to: Impact Skill and Team Camp, from the club or school ***

PLAYER INFORMATION (additional individual player information sheet must also be filled out)

Participant's Name: _____

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