

SMHA 2022 Breakout Hockey

U-15 Hitting Camp Registration Form

Player Name:

SMHA PO Box 29 Ardrossan, Alberta T8E 2A1

Home Number	Email
Birthdate (dd/mm/yy)	Gender

PLEASE CIRCLE CAMP PREFERENCE: **GROUP #1** **GROUP #2**

DATE	TIME	FACILITY	FEE
GROUP #1 August 22, 23, 24 th	10:30am – 11:30am	Millennium Place Sprite	\$100
GROUP #2 August 22, 23, 24 th	12:00pm – 1:00pm	Millennium Place Sprite	
Total Fees Owning - Payable to SMHA -			\$100
NOTE: PAYMENT VIA CHEQUE PAYABLE TO SMHA OR E-TRANSFER			

Signature of Parent or Legal Guardian _____

Name (Please Print) _____

Date _____, 2022

Please print Players name on Cheque Memo line.
 E-transfer payments must be sent to payments@smhahockey.com,
 password **WARRIORS**. Please note your player's full name in the message.

Please mail registration to;
 Attn. Registrar
 SMHA
 PO Box 29
 Ardrossan, AB
 T8E 2A1
 Or
 Scan/Email to:
registrar.smha@gmail.com