



HOCKEY SCHOOL

2011 Summer Hockey School

Iceland Sports Complex July 11th - 15th

Fees are: \$395.00 per player or Early registration Special Rate of \$370.00 per player
Early Registration must be in by June 1st

Registration Form

Players Name: _____

Parents Names: _____

Address: _____ *City:* _____ *Zip Code:* _____

Home Phone: _____ *Cell Phone:* _____

E-mail Address: _____

Jersey Size: _____ *Date of Birth:* _____

Each application must be accompanied by a 50% down payment. Please make your check out to: Don Burton. Return application to: Iceland Sports Complex C/O Bulls Hockey School, 1701 UPS Drive, Louisville KY. 40223

The applicant agrees that Bulls Hockey School and or, their proprietors will not be held responsible for any accident or loss, however caused and agrees to release the proprietors from any result of or by reason of such accident or loss.

Parent/Guardian: _____ *Date:* _____

For more information please call Iceland Sports Complex 502-425-7444