



2010 High Performance “Rep” Conditioning Camp

Applicant Information:

Full Name: _____
Parent Name(s): _____
Phone: _____
E-mail: _____
Address: _____
City: _____ Postal Code: _____
Birth date (dd/mm/yy): _____

Medical Conditions (If relevant): _____

Program Dates:

Week 1 – August 23rd to 27th and consists of 4 hours of dry land training per division
Week 2 – August 30th to Sept 3rd and consists of 5 hours of ice time per division
Week 3 – September 7th to 11th and consists of 4 hours of ice time per division

For safety reasons there is a minimum height requirement to allow participation in spin classes

Cost:

\$120.00 cheque made payable to CMHA

Please include this completed registration & payment in full along with your CMHA general registration by June 30th/2010 to confirm entry.

Registered Division for 2010/2011 year:

Atom (second year)
Pee Wee Rep
Bantam Rep
Midget Rep

Please let us know any additional information that you feel is important:

For further information please go to www.castlegarminorhockey.com, or e-mail gepilla@telus.net

22 player per division maximum, accepted in order of application received, subject to change depending on demand