



August 25-29 • 2014 Walkerton Community Centre

Monday - Thursday 9 am - 5 pm (drop off and pick up) Friday 9 am - 1 pm (drop off and pick up)

First 90 Registered MALE AND FEMALE BORN IN YEARS 2000-2006

NATHAN PERROTT HOCKEY CAMP 2014 CAMP APPLICATION FORM

APPLICATIONS ACCEPTED UP TO THE START OF EACH SESSION. PLEASE NOTE: THERE IS LIMITED SPACE AVAILABLE.

Player's Name:			
Address:			
City:	Postal Code:		
Birth Year:			
Parent/Guardian:			
Phone Res: ()	Work: ()		
Email:			
Last Team Played for:			

PLEASE CHECK APPROPRIATE BOX

	Male		Female	
Jers	ey Size	j		

> Please make cheque payable to Walkerton Minor Hockey and mail to Walkerton Minor Hockey Box 1259 Walkerton, ON NOG 2V0

For more information contact Walkerton Minor Hockey Representative

Greg Crummer 519-881-3480 gandscrummer@wightman.ca Nathan Perrott 519-881-4509 nathanperrott@hotmail.com

Our ultimate goal is to help the player's achieve better on-ice performance, compete injury free, and enjoy their overall hockey experience.

