



YOUTH SUMMER HOCKEY CAMP APPLICATION

For Youth Hockey Players Under the age of 12 Years

Parent or Guardian Name: _____

Child's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Youth Hockey Club: _____

If I am chosen to attend a Summer Youth Hockey Camp program, my goal is:

Please use reverse side of application if more room is required by the child.

Return to: Springfield Thunderbirds Booster Club, P.O. Box 1285, Springfield, MA 01101 or

At the Thunderbirds Booster Club Table Under Section 26

Must be Received by March 1st of each season