



**YOUTH SUMMER HOCKEY CAMP APPLICATION**

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:

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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 1, 2023 of the current season**