

2017 PHL Registration Form

Player's Name _____ Age _____ Date of Birth _____

Level of Play _____ USA Hockey Registrant: Yes ___ No ___

Position _____ Male _____ Female _____

Guardian: _____

Address _____

Phone Number(s) _____ E-Mail _____

Emergency Contact (#) _____ Physician Name (#) _____

Jersey Size: Youth Small _____ Youth Medium _____ Youth Large _____ Youth XL _____
Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____

Please list requests: _____

Please list below anything else about your child that we should know? (Allergies, medical conditions, etc.)

Cost: *\$170.00*

To reserve a spot:

Please fill out the registration form and mail with full payment (payable to *Competitive Edge Hockey*) to the address below.

Competitive Edge Hockey School
P.O. Box 6877
Lawrenceville, NJ 08648
(609) 895-2954

www.competitiveedgecamps.com