

Puckstoppers Registration form for Summer Camps

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents name/Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Please Select Camp you are registering for: Please circle session or camp (Where Applicable)

Elite: Tuesday/Thursday 6:00pm start 7:30pm start

Junior Elite: Please select camp

Twice a week for 7 weeks start time 6:00pm or 7:20pm Monday Wednesday

Once a week for 7 weeks start time 6:00pm or 7:20Pm Monday or Wednesday

Twice a week for 4 weeks start time 6:00pm or 7:20pm Monday Wednesday (Please list weeks available below):

Once a week for 4 weeks start time 6:00pm or 7:20 pm Monday or Wednesday (Please list weeks available below):

Advanced Camp: Salem NH Fridays for 7 weeks

All-Girl's Camp Hooksett, NH Week of July 18<sup>th</sup>-22<sup>nd</sup>

Payment Method Please Circle Check Cash Credit Card or you can pay on website convenience fess apply to all card charges

If card please enter:

Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name: \_\_\_\_\_

I agree to have card charged for camp amount plus convenience fee. Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Insurance waivers will be signed first day of camp. Thanks and look forward to working with you.