

Application Form

Please Print

Name: _____

Address: _____

City: _____ **Province/State:** _____

Postal/Zip Code: _____

Tel:
Home: _____ **Business:** _____

Fax: _____ **Email:** _____

Male **Age:** _____ **Health Card #:** _____
 Female

Birthdate: _____ **Emergency Contact/Phone:** _____

Level of Play: _____

Program: **Platinum** **Gold** **Silver** **Bronze**

Number of Applicants (If group rate desired)

2 **3** **4** **More:** _____

Payment Method (Make checks and money orders payable to Eddie Choi Hockey Inc.)

\$US Funds **\$CDN Funds** **Check** **Money Order**

Signature: _____

Please detach and mail to:
Eddie Choi Hockey Inc., 2939 Kingsway Drive,
Oakville, Ontario, Canada L6J 6R9