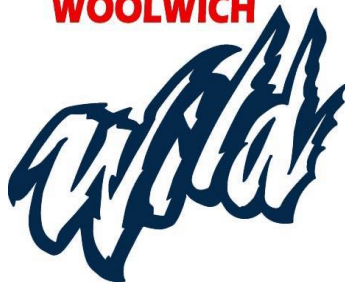


WOOLWICH



Goalie Skills Clinic Registration Form

Player Name: _____

Team: _____

Clinic Dates:

- September 28th, October 5th & 19th, November 2nd, 16th & 30th, December 14th & 21st
- All sessions are at 7:30am in the Snyder Arena at the WMC in Elmira

The cost of the Goalie Skills Clinic will be covered by the Woolwich Girls Minor Hockey Association subject to the following conditions:

A \$100 deposit cheque, made payable to the WGMHA, is required. This cheque, along with a copy of this form, must be delivered to the Woolwich Wild hockey office at the WMC by Thursday, September 26th in order for your daughter to be registered for the Goalie Skills Clinic.. (Place them in an envelope and slide them under our office door.) Your deposit cheque will be returned to you at the end of the sessions provided your daughter attends on **all** of the above stated Clinic Dates.

Attendance at the Goalie Skills Clinic on the above stated Clinic Dates is mandatory. If your daughter can not attend due to illness or game conflicts, we require 24 hours notice. Please contact Karen Wilkie at karenwilkie@rogers.com or 519-664-2503 if your daughter cannot attend. If you fail to provide 24 hours notice and/or your daughter fails to attend on one or more of the above stated Clinic Dates, we will cash your deposit cheque as payment for that lost session(s). Any lost session, regardless of the reason, cannot be made up at a later date.

I, _____ (Parent Name), understand and agree to the above terms and request that my daughter be registered for the Goalie Skills Clinic as described above.

(Date) _____ (Signature) _____