ARIZONA COYOTES SUMMER HOCKEY SCHOOL

Participant First Name:_____ Last Name: _____ DOB:_____

Participant gender (select one): ❑ Male ❑ Female Position (select one): ❑ Forward ❑ Defense ❑ Goalie

Participant's Current Hockey Association:_____

Level of Hockey (select one): ❑ Inline ❑ House ❑ Travel-B ❑ Travel-A ❑ Travel-AA ❑ Travel-AAA

Jersey Size (select one): ❑ Youth L/XL ❑ Adult S ❑ Adult M ❑ Adult L ❑ Adult XL ❑ Goalie Cut

T-Shirt Size (select one): ❑ Youth L/XL ❑ Adult S ❑ Adult M ❑ Adult L ❑ Adult XL

Please list any food allergies:_____

Parent First Name: _____

Parent Last Name: _____

Phone 1: _____ (❑ Home ❑ Work ❑ Cell) *only one is required

Phone 2: _____ (❑ Home ❑ Work ❑ Cell)

E-mail Address: _____

Player's Age Group	**Number of Participants**	**Cost**
Mite (birth years 2008-2010)	_____	❑ $450 (Before 4/10) ❑ $500 (after 4/10) ❑ $425 (Goalie)
Squirt & PeeWee (birth years 2004-2007)	_____	❑ $450 (Before 4/10) ❑ $500 (after 4/10) ❑ $425 (Goalie)
Bantam & Midget (birth years 1998-2003)	_____	❑ $450 (Before 4/10) ❑ $500 (after 4/10) ❑ $425 (Goalie)

TOTAL $: _____

Payment Information:

Check #: _____ (make payable to Arizona Coyotes)

*Mail checks to: Arizona Coyotes Attn: Matt Shott; 9400 W Maryland Ave, Glendale, AZ 85305

❑ AMEX ❑ Visa ❑ MasterCard ❑ Discover

Card # _____ Exp. Date: _____ CVC# _____

Signature:_____

All orders are subject to availability

To register, email completed form to matt.shott@arizonacoyotes.com or mail to:
Arizona Coyotes Attn: Matt Shott; 9400 W Maryland Ave, Glendale, AZ 85305