



Write Check Payable to:
Warda Hockey Academy

Send Form & Check to:
Warda Hockey Academy
6652 Glowing Valley Dr.
Colorado Springs, CO 80923

Mail In Registration Form

Player Name:

Current Team/Level:

Position:

Player Birthdate:

Looking to Improve:

Address

City:

Zip Code

State:

Parent/Guardian Name: Phone:

Email:

Training Camp Location & Date:

Contact For Any Questions:

Ben Warda

ben@wardahockeyacademy.com

248-941-9807

BAUER



TRAINING MASK