

GOALIE APPLICATION FORM

RICK HEINZ GOALIE SCHOOLS
On-Line - www.rickheinz.com

52 Huntley Cres. Kitchener, ON Canada N2M 2R3
Toll Free: 1-877-434-6977 Fax: (519) 744-3945

Step 1

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Home #: _____ Bus. #: _____ Fax #: _____

Emerg/Cell #: _____ Age: _____ D.O.B.: ____/____/____ Parents: _____

Email Address: _____

Note: Confirmation will be sent to the email address provided. If no email is provided, confirmation will be mailed to the above address.

Current Level : If your Current level is not below, write in level under other.

- Beginner Girls Select "AA" High School Other
 House League Rep "A" "AAA" Adult _____

Step 2

Step 3 Goalie School Location Desired: _____

Step 4 Date of Week Desired: _____

Level Desired

- Regular (ages 7-up) Advanced (ages 11-up)
 Elite (ages 13-up)

(Only one discount applies to each application!)

Discounts

- Early Bird \$25 Returning \$50
 Two or more weeks \$75
 Family \$50 Hat Trick \$75

(Early Bird-Applications before April 15th)

Group Discounts

(Group applications must arrive together for discount to apply)

- 3-5 Students \$50 ea
 6-9 Students \$75 ea
 10 or more Students \$100 ea

Other Discounts \$ _____

Please Specify: _____

Step 5

Jersey/t-shirt
Size (pick one)

SM MD LG XL

Canadian Residents: Add PST & GST (HST in Ontario).

Step 6 Method of Payment

Credit Card User: Visa Master Card

Full
Payment
Enclosed

\$\$\$

Card Number - - -

Exp. Date: _____ MM/YY Full Name Shown On Card _____ PLEASE PRINT

Signature: _____ PLEASE SIGN 3 Digit Security Code:

Check Or Money Order: _____ PLEASE PRINT NUMBER Date: _____ MM/DD/YY
(Checks & Money Orders Payable to "Rick Heinz Goalie Schools")

Step 7

PLEASE READ CAREFULLY THEN SIGN BELOW :

The participant agrees that Rick Heinz Hockey Schools, our instructors and the skating rink will not be held responsible for any accidents, injury or loss, however caused, and agrees to release the proprietors and/or skating rink from all claims which may arise as a result of or any reason of such accidents, injury or loss. I also authorize Rick Heinz Hockey Schools to charge my credit card for a non-refundable registration payment for the person named above, with receipt of this application by way of telephone, fax, writing, or internet. I am also fully aware that all monies paid are non-refundable. All registrations will not be accepted without signature

Signature Of Parent/Guardian _____

Date _____