



2017 QUISPAMSIS CAMP REGISTRATION FORM - July 28 - 30, 2017

Space is limited, so register **now**. We are accepting applications from males and females at the minimum age of 13 at time of this camp. Register with full payment before April 30th to enter draw prize of FREE TUITION.

Cheques or money orders are to be made out to **Don Koharski** and must accompany your application. A deposit of \$200 may be paid up front, with the balance paid in full by July 15th. You can also pay via credit card or paypal account at the payment page on our website. Upon receipt of your application, a confirmation letter will be sent out to you detailing all that you need for this camp. Cancellations are subject to a \$50 administrative charge.

Email completed form to dkoharski@dkrefcamps.com or mail to: Koharski's Officiating & Development Camps, P.O. Box 2023, Caledonia, ON N3W 2G6. Any questions or concerns, please contact us by email.

NAME:

STREET ADDRESS:

CITY:

PROV./STATE:

POSTAL CODE/ZIP:

EMAIL ADDRESS:

HOME PHONE:

CELL PHONE:

DATE OF BIRTH: MONTH DAY YEAR

MALE: FEMALE: HEIGHT: WEIGHT:

OF YEARS OFFICIATING: CURRENT LEVEL:

YOUR LOCAL RIC'S NAME AND PHONE NUMBER:

Please indicate your choice for skating evaluations. Linesman Evaluation Referee Evaluation

The following form must be completed, signed and forwarded with your payment:

I agree to hold harmless Don Koharski's Officiating and Development Camps, its instructors and assistants from all liability; howsoever caused, in connection with my participation at this camp.

I authorize the director of this camp to act for me according to their best judgment in an emergency requiring medical attention. It is my understanding that I am required to have medical insurance while participating at this Camp.

Applicant's signature or parent/guardian signature if applicant is 18 years or younger

INSURANCE INFORMATION: Company Name:

Address:

Policy Number