



# 2010 APPLICATION

## 3 EASY WAYS TO REGISTER

Camper's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Parents' Names \_\_\_\_\_

Roommate Requested \_\_\_\_\_

Please note that the size that you circle will be the size that you receive upon check-in. Parents who attend camp will also receive a jersey.

Jersey Size (Circle One): **YOUTH**    S    M    L  
**ADULT**    S    M    L    XL

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

**PARENTAL CONSENT FORM:** I have read the brochure and application and agree to the terms and conditions herein. I certify that the questions on the application have been answered correctly. I hereby give my consent for my child to participate in the programs operated by Peak Performance Hockey Camps and/or its proprietors. I further agree that Peak Performance Hockey Camps will not be held responsible for any accidents, injury or loss, however caused, during the hockey school session attended by my child. This is also my written permission to have my child admitted, and attended to, for medical or dental treatment in case of sickness or injury.

\_\_\_\_\_  
 (Signature of Parent/Guardian) (Date)

Upon registration, you will receive a confirmation packet by email complete with your camp session details, a Winona area map with driving directions, and a list of what to bring to camp.

### CANCELLATION POLICY:

#### With Cancellation Insurance (\$40 fee):

Receive a full cash refund prior to May 15, 2010. Cancellations after May 15, 2010 will receive a full letter of credit. Cancellations within 14 days of camp session will receive a letter of credit less \$100.

**Without Cancellation Insurance:** Cancellations prior to May 15, 2010 will receive a cash refund less 25%. Cancellations after May 15, 2010 will receive a letter of credit less 25%. Cancellations within 14 days of camp session will receive no refund.

If you get sick or are injured while at camp, you will receive 50% of the unused portion of your camp fees in a letter of credit for a 2011 camp session.



- **Internet:** www.peakhockey.com
- **Fax:** 1-800-345-7235
- **Mail:** PPHC  
P.O. Box 1156  
Winona, MN 55987

(registration by fax or internet requires a credit card payment)  
**PHONE REGISTRATIONS AND RESERVATIONS WILL NOT BE ACCEPTED**

**MITE & (PARENT OPTIONAL) CAMP**  
 (AGE APPROXIMATION. 5-8 YRS) .....\$1,170  
 JULY 4-10     JULY 11-17

**SQUIRT & (PARENT OPTIONAL) CAMP**  
 (AGE APPROXIMATION. 8-10 YRS) .....\$1,170  
 JUNE 27 - JULY 3     JULY 4-10     JULY 11-17

**PEEWEE & (PARENT OPTIONAL) CAMP**  
 (AGE APPROXIMATION. 10-12 YEARS) .....\$1,170  
 JUNE 27 - JULY 3     JULY 4-10     JULY 11-17

**BANTAM & (PARENT OPTIONAL) CAMP** (AGE APPROX. 12-14 YRS).....\$1,170  
 JUNE 27 - JULY 3

**SQUIRT CAMP** (AGE APPROXIMATION 8-10 YRS).....\$845  
 JUNE 20-26     JUNE 27 - JULY 3     JULY 4-10  
 JULY 11-17     JULY 25-31

**PEEWEE CAMP** (AGE APPROXIMATION 10-12 YEARS) .....\$845  
 JUNE 20-26     JUNE 27 - JULY 3     JULY 4-10  
 JULY 11-17     JULY 18-24     JULY 25-31  
 AUG. 1-7

**BANTAM CAMP** (AGE APPROXIMATION 12-14 YEARS) .....\$845  
 JUNE 20-26     JUNE 27 - JULY 3     JULY 25-31  
 AUG. 1-7

**MIDGET /H.S. CAMP** (AGE APPROXIMATION. 14-16 YEARS) .....\$845  
 AUG. 1-7

**GIRLS CAMP** .....\$845  
 (12 & UNDER) JULY 18-24     (13 & ABOVE) JULY 18-24

- CHECK HERE FOR NON-BOARDING .....\$725
- GOALTENDER RATE .....\$695
- GOALTENDER RATE FOR NON-BOARDING .....\$575
- TRANSPORTATION FEE (per person).....\$55
- SATURDAY STAY-OVER PLAN (per person) .....\$90
- PARENT RATE (can add a parent to any session) .....\$325
- CANCELLATION INSURANCE POLICY .....\$40

AMOUNT OF DISCOUNT (IF APPLICABLE) \$ \_\_\_\_\_

TOTAL REGISTRATION FEES \$ \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_  
 (50% deposit due with application, balance due May 15, 2010)  
 (Applications submitted after April 15, 2010 must be paid in full)

#### CHOOSE YOUR METHOD OF PAYMENT:

CHECK     VISA     MC     DISCOVER

Credit Card Card #: \_\_\_\_\_ (13 or 16 Digits)

Expiration Date: MO \_\_\_\_\_ YR \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_ Signature \_\_\_\_\_



**www.peakhockey.com**  
**info@peakhockey.com • 1-800-345-7235**