

2011 Simply Defense Registration

Player Information

First Name _____ Last Name _____
Address _____ City _____
State _____ Zip _____
Home Phone _____ Alt. Phone _____
Birth Date _____ Current Team _____
Parent's Name _____ Email _____

How Did you find out about us? Rink _____ Web _____ Mailing _____ Email _____ Ad _____ Referral _____
Other _____

Registration and Payment Method

Location _____ Camp/Clinic Date _____
Group Name _____
Payment Method Check _____ Visa _____ MasterCard _____
Card/Check Number _____ Signature _____
Name on Card _____ Exp. Date _____

Make checks payable and return to: S.D. Hockey LLC, 4087 Elaine, Port Huron, MI 48060

Your cancelled check or credit card statement is confirmation of your acceptance into the program. A reminder email will be sent out approximately one week prior to the camp start date. You can also get confirmation by emailing us at info@simplydefense.com

Tuition and Discount Information

Program Tuition - Holiday Clinics	\$165	Program Tuition - Summer Camp	\$295
Early Registration Discount (\$15)		Early Registration Discount (\$20)	
Group of 2 or 3 Discount (\$10)		Group of 2 or 3 Discount (\$20)	
Group of 4 or more Discount (\$20)		Group of 4 or more Discount (\$30)	
Multi Camp Discount (\$10)		Multi Camp Discount (\$10)	
Total Paid \$		Total Paid \$	

The applicant agrees that S.D. Hockey LLC, and or its proprietors will not be held responsible for any accident or loss however caused and agrees to release S.D. Hockey LLC and or its proprietors from all claims or damages which may arise as a result of such accidents or loss. In the event of inability to contact me, I hereby give you permission to seek out any medical assistance my child may require while attending this program.

Parent's Signature _____

S.D. Hockey

4087 Elaine, Port Huron, MI 48060

Ph. (810) 985-4529

www.simplydefense.com