



Faustina Hockey Club
2010 Future Stars Registration

Group 2

Age 8 & 9 years old

Name of Player: _____, _____ Birth Date: ____/____/____
Last name First name YYY / MM / DD

Home Tel. () _____ or Email Address _____

I, _____, will not hold Faustina Club or any member responsible for any
 Parent/Guardian Print Name
 accident or injury that may occur while my son(s) and/or daughter(s) is (are) involved with this clinic,
 and anything lost or stolen while attending The Faustina Future Stars Hockey School.

Cash \$ _____ Cheques \$ _____ On Line: \$ _____ Balance \$ _____

Received By _____ Date _____
Faustina Club Member

Parent or Guardian _____ Date _____
 Sign

Detach and Keep Bottom Portion when Registering

Faustina Hockey Club

2010 Future Stars Schedule & Reminder \$--_Paid; _____ Balance; _____

Cost: To ensure enrollment, full payment of (**\$ 200.00**) and registration form must be handed in together. **NO REFUNDS!!!**

Make Cheques payable to: Faustina Hockey Club.

Includes: Future Stars Sweater (Must be worn at all times)
 On ice instruction from Faustina Hockey Club Coaches
 10 hours of Sweat, Skills, Improvement and Fun

Location: MasterCard Centre 400 Kipling Ave.

Session Dates: Wednesday evenings (7:30 – 8:30 pm) and Saturday mornings (9:00 – 10:00 am)
 Sept. 1, 4, 8, 11, 15, 18, 22, 25, 29. Oct . 9th

NOTE: There are only a limited number of Future Stars per Group. Participants will be taken on A first come / first serve basis until the clinic is full. Sweaters will be given out at the first session and **MUST** be worn to participate in each session.

You will NOT be contacted before the first session. If you are registered, please keep and post this schedule / receipt. For more info.
 Call 416-251-8439 or visit our web site at www.faustinasportsclub.com

Faustina Sports Club will not be responsible for lost or stolen articles.
 Faustina Instructors have the option to move a player, based on ability to another group.
 Registration forms are to be returned to a Faustina member with full payment .

Use this form for your Tax receipt. (Bottom Half)

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