

WWW.DERANEYHOCKEYSCHOOLS.COM

ENROLLMENT INFORMATION

- We offer several registration options:
 - Phone **401-865-2291**
 - Online **www.DeraneyHockeySchools.com**
 - Fax the attached application to **401-865-2382**
 - Mail the attached application to:
B. D. Ice Inc.
Bob Deraney
18 Keyes House Road
Shrewsbury, MA 01545
- For immediate confirmation, enroll by phone or online. If you choose to register by mail or fax, we will send a confirmation to you after your application is processed.
- A deposit of \$100 per week is required for registration made BEFORE MAY 20, 2008. A payment by VISA or MasterCard is required if you register by phone, fax or on-line. You may also pay by check. Your final payment is due May 20, 2008.
- Full payment of registration fees is required after May 20, 2008. We cannot accept campers unless all fees have been paid. Registrations are accepted right up to the start of camp if openings exist.
- Cancellations will be addressed on a case-by-case basis.

APPLICATION

Player's Name _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Telephone _____
Date of Birth _____ Age _____
Position _____

PROGRAMS

 please check all that apply

- June 22 - 27**
- | | |
|---|--|
| <input type="checkbox"/> General Skills | <input type="checkbox"/> Elite Program |
| <input type="checkbox"/> Extended Day | <input type="checkbox"/> Overnight |

Roommate Request _____

- June 28 - July 3**
- | | |
|---|--|
| <input type="checkbox"/> General Skills | <input type="checkbox"/> Elite Program |
| <input type="checkbox"/> Extended Day | <input type="checkbox"/> Overnight |

Roommate Request _____

PAYMENT INFORMATION

Name _____

Address (if different) _____

Telephone (if different) _____

Method of Payment VISA MasterCard Check
 Deposit Full Payment

Credit Card # _____

Expiration Date _____

- By submitting this application to B.D. Ice, Inc., I accept the terms of enrollment as described in this brochure. Furthermore, I agree to pay all camp fees and authorize B.D. Ice, Inc., to charge my credit card (if applicable).

Signature _____

Please make checks payable to **B.D. Ice, Inc.**