

# Bob Deraney Hockey Schools



**Bring Out Your Best**

## Application

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## Programs (please check all the apply)

- March 9 - 31, 2020\* - One 50 minute session a week - \$200
- June 8 - July 28, 2020\* - One 50 minute session a week - \$400

\*exact day per week is yet to be determined.

Ice Sessions Will Be Between 5:00 PM and 9:00 PM

Skill Level General  Elite  Position \_\_\_\_\_

## Payment Information

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Telephone (if different) \_\_\_\_\_

### Method of Payment

- VISA
- MasterCard
- Check (Please make checks payable to B.D. Ice, Inc.)
- Deposit
- Full Payment

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

By submitting this application to B.D. Ice, Inc., I accept the terms of enrollment as described on <http://www.deraneyhockeyschools.com/>. Furthermore, I agree to pay all camp fees and authorize B.D. Ice, Inc., to charge my credit card (if applicable).

Signature \_\_\_\_\_