



Doug Smail's
"Camp of No Forgiveness"

Ice Centre at the Promenade

Midget Hockey " Hand Speed" Camp

Registration Form

Player Name: _____

Address: _____

City/Zip: _____

07/08 Team/Level Played: _____

Position: _____

Date of Birth: _____

Mothers Name: _____

Home Phone: _____

Cell: _____

Email Address: _____

Father's Name: _____

Home Phone: _____

Cell: _____

Email Address: _____

Emergency Contact: (Name & Phone) _____

Jersey Size

Adult small medium large x-large

Payment Method

Amount Enclosed/Authorized: _____

Check Made Payable to Colorado Outlaws

Credit Card: Name On Card: _____

Billing Address: _____

Account #: _____ Expiration Date: _____

Security Code (3 digits on Back of Card): _____

Mail Completed Registration Forms and Waiver To:

Colorado Outlaws Summer Programs

10710 Westminster Blvd

Westminster, CO 80020

Registrations: Will be accepted on a first come first served basis