Don Koharski's
OFFICIATING & DEVELOPMENT CAMPS

2012 MONCTON CAMP REGISTRATION FORM

Cheques or money orders in the amount of $325 are to be made out to Don Koharski and must accompany your application. A deposit of $200 may be paid up front, with the balance paid in full by July 15th. You can also pay via credit card or paypal account at the payment page on our website. Confirmation of your acceptance will be forwarded upon receipt of your application. Cancellations are subject to a $50 administrative charge. We are accepting applications from males and females. There is an age restriction, you must be at least 13 at time of camp. Application deadline is July 15. Space is limited, so register now.
Email Completed Form to dkoharski@dkrefcamps.com or Mailings to:
Koharski's Officiating & Development Camps, P.O. Box 2023, Caledonia, ON N3W 2G6

NAME: .....
STREET ADDRESS: .....
CITY: .....
PROVINCE/STATE: .....
POSTAL CODE/ZIP: .....
HOME PHONE: .....
CELL PHONE: .....
EMAIL ADDRESS: .....

DATE OF BIRTH: *MONTH* *DAY* *YEAR*
HEIGHT: .....
WEIGHT: .....
SHIRT SIZE: ◯ *S* ◯ *M* ◯ *L* ◯ *XL* ◯ *XXL*

MALE: ◯ **FEMALE:** ◯
 # OF YEARS OFFICIATING:
CURRENT LEVEL:
YOUR LOCAL RIC'S NAME, PHONE NUMBER AND NAME OF YOUR LOCAL MINOR HOCKEY ASSOCIATION:

PLEASE NOTE YOUR PREFERENCE FOR GAME ASSIGNMENTS: *Evaluated as a Linesman* ◯
Evaluated as a Referee ◯

The following form must be completed, signed and forwarded with your payment:

I agree to hold harmless Don Koharski's Officiating and Development Camps, its instructors and assistants from all liability; howsoever caused, in connection with my participation at this camp.
I authorize the director of this camp to act for me according to their best judgment in an emergency requiring medical attention. It is my understanding that I am required to have medical insurance while participating at this Camp.

_____

Applicant's signature or parent/guardian signature if applicant is 18 years or younger

INSURANCE INFORMATION:
Company Name: .....
Address: .....
Policy Number: .....