

Phoenix Coyotes Youth Hockey Mini-Camp Registration

Participant's Name: _____ Date of Birth: _____

Level of Hockey: Squirt Pee wee **Position:** Skater Goalie
goalie spots full

Jersey Size*: Youth L XL Adult S M L XL

T-shirt Size*: Youth L XL Adult S M L XL

Shorts Size*: Youth L XL Adult S M L XL

** Sizes must be received by July 14. Sizes received after July 14 will be filled based on availability.*

2008-09 Team: _____

Parent's Name: _____

Street Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Payment Information: \$250 per participant

AMEX Visa MasterCard

Card # _____ Exp. Date: _____

Signature: _____

All orders are subject to availability

To register: Fax completed form to (623) 872-2154, Attn: Scott Storkan OR
Mail to Phoenix Coyotes, Attn: Scott Storkan,
6751 N. Sunset Blvd. #200, Glendale, AZ 85305

