



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Player's Cell: _____ Date of Birth: ____/____/____

Player's Email: _____

Parent's Cell and Email: _____

Club/School Team: _____ Level: _____

Coach: _____

Coach's Email: _____

Registration fee:

Ages '03 + Older: \$795 (10 weeks, 2x per week, 18 workouts total)

Ages '07-'04: \$495 (6 weeks, 2x per week, 11 workouts total)

Ages '03 + Older: Monday/Wednesday June 2nd-August 4th

***** June workouts 4-5:30pm. July/August workouts 3:30-5pm**

Ages '07-'04: Monday/Wednesday July 7th-August 11th

July/August workouts 5-6:30pm

SPACES ARE LIMITED. REGISTRATION FEES DUE UPON ENROLLMENT

Amount Paid: _____ Reserving by: Check: _____ Credit Card: _____

Card Number: _____

Expiration Date: ____/____ Security Code: _____ Zip Code: _____

Print Name on Card: _____

Signature: _____

Scan & Email Form to info@xhockeyperformance.com

Call for more info at 908.322.2003

Located within Athletic Edge 1718 East 2nd Street Scotch Plains, NJ 07076