

2008 Des Moines Buccaneers Hockey School Camp Registration

Player Name:_____ Player D.O.B_____

Position._____ Previous Team:_____

Parents Name(s):_____

Phone Number(s):_____ and _____

Email:_____

Insurance company:_____

Policy Number:_____

In case of emergency please contact the following person:

Name:_____

Phone Number:_____

Lunch Plan Offer

- Yes, I would like to have the lunch plan for the week of camp (\$20 added to camp fee)
- No, I will bring my own lunch to camp for the week