

DEVELOPMENT TECHNIQUE REPETITION COMPETITION CREATIVITY



Dates

September 11 – October 20, 2011

(Camp will run on Sundays & Thursdays)

Skating Groups

Session Fee: \$235.00

Ages 7-8 (Mites & U8's)

Ages 9-11 (Squirts & U10's)

Ages 12-13 (PeeWee's & U12's)

Our goal for each session is to have 36-44 skaters and 5 goalies along with six coaches.

All camp sessions will take place at Wakota Arena in South St. Paul.

Your player confirmation will be emailed to you along with the Woog "3 on 3" Development Camp Rules, your players schedule and the medical release form that needs to be completed and turned in prior to the start of the league.

Please Note:

- *A medical release form will need to be completed before players will be allowed on the ice.
- *All payments must be made in full
- *Payments are refundable only with medical verification and prior to March 15th, 2011 (NO EXCEPTIONS)
- *You will receive confirmation of your registration upon receipt of payment in full.

For more Information contact Katie via email at: katie@dougwoog.com

OR

651-253-9195 (phone)

Session Fee: \$235 Please complete and mail this form to: Doug Woog Hockey Camp *c/o Katie Welch, P.O. Box 512, St. Cloud, MN 56301

Name _____ Birth Date ____/____/____

Street _____ 2010 Play Level _____

City _____ State _____ Zip _____ Position _____

E-mail address _____ Phone (H) _____

Parents/Guardians _____ Phone (C) _____

PAYMENT METHOD: 1. Credit Card: (please circle type of card) VISA MasterCard Discover

Card Number: _____ Exp. Date _____

Name on Card: _____ Signature: _____ Amount: _____

**All Credit Card payments will require an additional a 3% surcharge of the total transaction.

2. Check (payable to Doug Woog Hockey Camp): please mail Doug Woog Hockey Camp, P.O. Box 512, St. Cloud, MN 56301