



2008 APPLICATION

Camper's Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

E-mail _____

Date of Birth ____/____/____ Age ____ Gender ____

Parents' Names _____

Roommate Requested _____

Please note that the size that you circle will be the size that you receive upon check-in. Parents who attend camp will also receive a jersey.

Jersey Size (Circle One): YOUTH S M L
ADULT S M L XL

Insurance Carrier _____

Policy Number _____

PARENTAL CONSENT FORM: I have read the brochure and application and agree to the terms and conditions herein. I certify that the questions on the application have been answered correctly. I hereby give my consent for my child to participate in the programs operated by Peak Performance Hockey Camps and/or its proprietors. I further agree that Peak Performance Hockey Camps will not be held responsible for any accidents, injury or loss, however caused, during the hockey school session attended by my child. This is also my written permission to have my child admitted, and attended to, for medical or dental treatment in case of sickness or injury.

(Signature of Parent/Guardian)

(Date)

Upon registration, you will be sent a confirmation packet by mail complete with your camp session details, a Winona area map with driving directions, and a list of what to bring to camp.

**SAVE
\$75
\$150
OR
\$225!**

★ CHOOSE YOUR SAVINGS!

Early Bird Registration: Register by January 1, 2008 and save \$75 per registration! (unlimited)

Family Discount: Register TWO children and save another \$75 (one per family)

Bring a Friend: Recruit a friend by March 15, 2008 who has not attended PPHC and save an additional \$75 off of your registration fees! (one per family)

CANCELLATION POLICY:

With Cancellation Insurance (\$35 fee):

Receive a full cash refund prior to May 15, 2008. Cancellations after May 15, 2008 will receive a full letter of credit. Cancellations within 14 days of camp session will receive a letter of credit less \$100.

Without Cancellation Insurance: Cancellations prior to May 15, 2008 will receive a cash refund less 25%. Cancellations after May 15, 2008 will receive a letter of credit less 25%. Cancellations within 14 days of camp session will receive no refund.

If you get sick or are injured while at camp, you will receive 50% of the unused portion of your camp fees in a letter of credit for a 2009 camp session.

www.peakhockey.com
INFO HOTLINE 1-800-345-7235

3 EASY WAYS TO REGISTER

- **Internet:** www.peakhockey.com
- **Fax:** 1-800-345-7235
- **Mail:** PPHC
P.O. Box 1156
Winona, MN 55987

(registration by fax or internet requires a credit card payment)
PHONE REGISTRATIONS AND RESERVATIONS WILL NOT BE ACCEPTED

MITE & (PARENT OPTIONAL) CAMP

(AGE APPROXIMATION. 5-8 YRS)\$1,005
 JULY 13-19

SQUIRT & (PARENT OPTIONAL) CAMP

(AGE APPROXIMATION. 8-10 YRS)\$1,005
 JUNE 29 - JULY 5 JULY 13-19

PEEWEE & (PARENT OPTIONAL) CAMP

(AGE APPROXIMATION. 10-12 YEARS)\$1,005
 JUNE 29 - JULY 5 JULY 13-19

BANTAM & (PARENT OPTIONAL) CAMP (AGE APPROX. 12-14 YRS).....\$1,005

JUNE 29 - JULY 5

SQUIRT CAMP (AGE APPROXIMATION 8-10 YRS).....\$775

JUNE 29 - JULY 5 JULY 13-19 JULY 20-26

PEEWEE CAMP (AGE APPROXIMATION 10-12 YEARS) \$775

JUNE 29 - JULY 5 JULY 6-12 JULY 13-19
 JULY 20-26 JULY 27 - AUG. 2 AUG. 3-9

BANTAM CAMP (AGE APPROXIMATION 12-14 YEARS)\$775

JUNE 29 - JULY 5 JULY 6-12 JULY 20-26
 JULY 27 - AUG. 2 AUG. 3-9

MIDGET /H.S. CAMP (AGE APPROXIMATION. 15-18 YEARS)\$775

JULY 27 - AUG. 2 AUGUST 3-9

GIRLS CAMP (13 & ABOVE)\$775

JULY 6-12

EURO PEAK (IN TRENCIN, SLOVAKIA).....\$2,595

AUG. 12-24

- CHECK HERE FOR NON-BOARDING\$635
- GOALTENDER RATE.....\$595
- GOALTENDER RATE FOR NON-BOARDING\$480
- AIRPORT TRANSPORTATION (per person).....\$55
- SATURDAY STAY-OVER PLAN (per person)\$75
- CANCELLATION INSURANCE POLICY\$35

AMOUNT OF DISCOUNT (IF APPLICABLE) \$ _____

TOTAL REGISTRATION FEES \$ _____

AMOUNT ENCLOSED \$ _____
(50% deposit due with application, balance due May 15, 2008)

CHOOSE YOUR METHOD OF PAYMENT:

CHECK VISA MC



Visa/MC Card #: _____
(13 or 16 Digits)

Expiration Date: MO _____ YR _____

Total Amount Enclosed: \$ _____

Signature _____

