

April 1 – 3, 2016

BANTAM EVALUATION APPLICATION FORM

SPACE IS LIMITED! – APPLY BY MARCH 15, 2016

Please return completed form by **MARCH 15, 2016**, with payment to:
C Leary @ Delta Manor Education Centre, 4750 57 Street, Delta, BC V4K 3C9
cleary@deltasd.bc.ca or fax: 604-940-5520

Player's Name			
Player's Birthdate		Care Card Number	
Mailing Address			
City, Postal Code			
Home Phone		Cell Phone	
Email			
Current Assn/Team			
Level			
Positions played			

☐ I _____ (Parent/Guardian's name) grant my son permission to participate in the program indicated above. I certify that all statements on this application are true and complete.

Date: _____, 2016

Signature _____

Evaluation Fee - ALL PLAYERS \$100 - Submit with this application form

Payment Options (please check one):

☐ Cheque – payable to Delta School District

☐ Visa

☐ MasterCard

☐ Amex

Credit Card # _____

Expiry Date _____

CV Code _____

Evaluations will take place at Planet Ice, Delta.

You will be notified which practice you will be scheduled for.

***** ICE TIMES WILL BE ALLOCATED 1 WEEK PRIOR TO EVALUATION *****

For more information, please contact Scott May at scott.may@deltahockeyacademy.com