PEP-Power Edge Pro

Killam Memorial Arena: September 3,5,10, & 12

Monday/Wednesday Evenings

4-1 Hr On-Ice Sessions

Registration Form

Player Name: _____

Parents Name:_____

Address: _____

_____

Telephone Number: _____ E-Mail address: _____

Date of Birth: ___ / ___ / ____ Gender: Male _____ Female _____
M D Year

Position: Forward _____ Defense_____ Goalie ____

Medical Conditions: _____

COST: $120.00

Method of Payment: Due by September 3, 2018
_____ Cheque payable to Killam Recreation Board
Box 189, Killam, AB T0B 2L0

_____ Cash

Completed forms/payment dropped off at the Town of Killam Office. Attn: Charlene Sutter or emailed to recreation@town.killam.ab.ca