

**STP Registration Form**

Participant's Name:			
Street Address:			
City/State/Zip:		Cell Phone:	
Home Phone:	( )	Date of Birth:	
Parent/Guardian(s):		Position:	
Email Address:			
2009-2010 Level. Circle one Varsity, JV, Bantam, Pee-Wee	Comments:	2010-2011 Level Bantam, JV, Varsity Circle one of the above	
<b>FEE: \$550 (\$300 non-refundable deposit due by April 9th, 2010- balance due by June 15th, 2010)</b>			

**Make checks out to: "Brendan Flaherty - STP"**

**Mail deposit & registration form to: PO Box 161001, Duluth, MN 55816**

**Read & Sign:** I will not hold Brendan Flaherty, Chris Bell, Minnesota Hockey, STP, Mars Lakeview Arena, Impact Sports Training, its employees, or its affiliates responsible or liable for accident, injury, or loss, caused during the STP program.

Parent/Guardian Signature: \_\_\_\_\_

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City/State/Zip:		Cell Phone:	
Home Phone:	( )	Date of Birth:	
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Email Address:			
2008-2009 Team Circle one Varsity, JV, Bantam, Pee-Wee	Comments:	2009-2010 level: 2nd yr Pee-Wee, Bantam, JV, Varsity Circle one of the above	
<b>FEE: \$550 (\$300 non-refundable deposit due by April 9th, 2010- balance due by June 15th, 2010)</b>			

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