



Registration Form

(please include full payment)

Mail applications to: Randy Hevey
100 Trilby Ave
Chicopee, MA 01020
Include full payment with registration

Spring Session I Summer Clinic 12 and Under
Spring Sessin II Summer Clinic 13 and Over

Student Name: _____

Date of Birth: _____

Parents Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Please note whether phone numbers are Home/Work/Cell

Primary Phone: _____

Emergency Phone: _____

Email: _____

Signature: _____

(Players under 18 years of age, parent/guardian signature required)

Contact Information

Nathan Eusko: 860-424-1441

Randy Hevey: 413-313-5178

Email: PremierGoaltending@hotmail.com