

**PHOENIX ELITE FIELD HOCKEY TRAINING SESSION
REGISTRATION FORM**

Please mail registration form & medical waiver:
P.O. Box 314, Stafford Township, NJ 08050

Name: _____

Address: _____

Parent Email: _____

Parent Cell: _____

School: _____

Grade/ Grad yr: _____

DOB/Age: _____/_____

Club/Coach (if applicable)

PLEASE CHECK BELOW PROGRAM YOU ARE REGISTERING YOUR ATHLETE FOR:

SESSION 1:

_____ Monday U-19; 5:30 - 6:30 12/28, 1/4, 1/11, 1/18,1/25, 2/1

_____ Wednesday U-14; 4:30 - 5:30 12/30, 1/ 6, 1/13, 1/20, 1/27, 2/3

_____ Friday U-10; 4:30 - 5:30 1/8, 1/15, 1/22, 1/29, 2/5, 2/12

SESSION 2:

_____ Monday U-19; 5:30 - 6:30 2/8, 2/15, 2/22, 3/1, 3/8, 3/15

_____ Wednesday U-14; 4:30 - 5:30 2/10, 2/17, 2/24, 3/3, 3/10, 3/17

_____ Friday U-10; 4:30 - 5:30 2/19, 2/26, 3/5, 3/12, 3/19, 3/26