

Nova Scotia Sport Hall of Fame Camp of Excellence



August 25-27, 2017 @ Canada Games Centre, Halifax NS

Registration Form

Athlete Name: _____

Grade 2017-18 School Year 7 8 9 **Gender:** M F

Address: _____

Province: _____ **Postal Code:** _____ **Phone:** (____) _____

Parent/Legal Guardian Name: _____

Email Address: _____

Last team played for: _____

Division in BNS Provincials: _____ **Coach's name:** _____
(if applicable)

Jersey Size: _____

Emergency Contact: _____

Phone number: _____

Relationship: _____

Health Card # _____

2017 Camp of Excellence Payment Information

\$225/athlete

Please make cheque payable to : Nova Scotia Sport Hall of Fame

Credit:

MC

VISA

AMEX

Name on Card: _____

Expiry:

Month

Year

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Card Number:

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Nova Scotia Sport Hall of Fame

Phone: (902) 404-3343

Fax: (902) 425-1148

Email: nsshf.education@eastlink.ca

Mail: Nova Scotia Sport Hall of Fame

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