



# SHREVEPORT, LA

## THE GOALIE ACADEMY

### (APPLICATION)



\* If payment options are needed, please contact Aaron Kinslow – thegoalieacademy2016@gmail.com  
 Make Checks Payable to: THE GOALIE ACADEMY  
 Mail with check: The Goalie Academy 6902 2<sup>nd</sup> ST. NW Moorhead, MN 56560  
 Website www.thegoalieacademy.com and visit us on Facebook & Instagram

Player's Name \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Age as of TODAY \_\_\_\_\_ Birth date \_\_\_\_\_

Where you Played Last year \_\_\_\_\_ Level Played Last Year \_\_\_\_\_

Is the goalie able to drive a vehicle to the rink or off-ice training facility? \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Does the goalie know of any shooters interested in shooting at the camp? Please include name and cell phone number

\_\_\_\_\_  
 \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Parent's email address \_\_\_\_\_ Relation to Goalie: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Parent's email address \_\_\_\_\_ Relation to Goalie: \_\_\_\_\_

Notify if an Emergency: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ - A deposit of \$500 is acceptable to hold your spot

## Camp Costs

Circle one - **Full Day Camp** - \$475.00 by check, if paying by credit card \$525.00

Circle one - **Half Day Camp** - \$250.00 by check, if paying by credit card \$300.00

Camp needs to be paid in full 30 days before check-in of camp

1 month prior to camp start you will be notified upon details of the camp.

Camps are subject to cancellation if #'s are not met. All credit card Fees are non-refundable.

Refunds are accepted 30 day prior to camp start and subject to a 30 days upon request for return.

Contact Aaron Kinslow for payment plan option

Email: thegoalieacademy2016@gmail.com

Mail Certified Checks to 6902 2nd St. NW Moorhead, MN 56560