



**HAWAII - 2023**  
**THE GOALIE ACADEMY**  
 (APPLICATION Goalie & Player)

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

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 – **AUGUST 11-13** - \$700.00 by check, if paying by credit card \$740.00

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

[thegoalieacademy2016@gmail.com](mailto:thegoalieacademy2016@gmail.com)

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