



Anthony Micucci's School of Goaltending

Mail in this form along with a
"Deposit Check of \$100.00"
(remainder due at time of registration)
Send it to:

**Anthony Micucci's School of Goaltending
3024 Kirschner Parkway
Hamburg, New York 14075**

Students Full Name: _____

Parent(s) Name(s): _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Age: ____ Male: ____ Female: ____ Current Playing Level: _____

Clinic/Camp would like to Attend: _____

Comments or Questions: _____

Please make check payable to:

ANTHONY MICUCCI'S SCHOOL OF GOALTENDING

(NO REFUNDS given under any circumstances)