

HIGH ALTITUDE ELITE GIRLS HOCKEY CAMP



DATE: JUNE 18TH – 22ND, 2011
LOCATION: UNIVERSITY OF COLORADO AT BOULDER
COST: \$899.00 - INCLUDES ROOM, BOARD, JERSEY, CAMP T-SHIRT,
AIRPORT PICK UP AND DROP OFF.
REGISTER: ONLINE AT WWW.ELITEGIRLSHOCKEYCAMP.COM OR BY MAIL
DEADLINE: MAY 1ST
OPEN TO ALL PLAYERS ENTERING GRADES 10-12 IN FALL 2011 AND 2011 GRADUATING SENIORS.

This camp, fashioned to emulate the college hockey experience, was designed by **Marnie Hill**, former Associate Head Coach, Providence College:

- **NEW!! Mini games Ice Breaker Tourney SATURDAY NIGHT!**
- Exceptionally intense dry land training & evaluation at high altitude
- Powerful, challenging on-ice instruction
- Specialized offensive & defensive tactics
- Competitive multi-team camp tournament
- Team building & sports psychology concepts

2010 Staff For HAEGH Camp Included: (Additional staff includes NCAA Div I & III

Paul Nemetz-Carlson	Yale	Collegiate Student Athletes)
Grant Kimball	University of Vermont	
Allison Coomey	Boston University	
Phoebe Manchester	Chatham University	
Kristin Cirbus	Bowdoin	
Mallory Young	Colby	
Melanie Ruzzi	Harvard	
Erin O'Brien	Syracuse	
Marnie Hill	Former Assoc. Head Coach Providence College	
Zach Blom	Strength and conditioning coach/DU Pioneer	

Goalie Instructor

Bob Bellemore – Former goalie - Providence College; former goalie coach - New Jersey Devils; Current Goalie coach - Men's and Women's Ice Hockey teams at Providence College.

COME TRAIN AT MILE-HIGH IN THE ROCKY MOUNTAINS AND EXPERIENCE HIGH ALTITUDE HOCKEY! PLAYERS MUST BE IN GREAT physical shape before coming to this camp. You have not had a work-out until you experience it at a mile high! If you are looking for a college prep camp, then do not miss this opportunity!

This camp is NOT for those who are looking for a recreational camp. The number of participants is limited so register early. Contact info@elitegirlshockeycamp.com for more information.

Please refrain from making travel plans until you have received confirmation that you have been accepted to the camp. We reserve the right to cancel the camp if minimum participation is not met. In the event of cancellation, registration fees will be refunded.

Application for Camp Enrollment

CAMP FEES/PAYMENTS (WE WILL NOT ACCEPT APPLICATIONS WITHOUT PAYMENT):

- Tuition: \$899.00 - includes lodging, breakfast, lunch, dinner, jersey, camp t-shirt and airport ground transportation
- Accepted payment methods: check, VISA, AMEX or MASTERCARD
- If paying by check, please make payable to: "CSGHA". You may pay the full amount, or send 2 checks: one for \$500.00 and another post dated for May 1st, 2011 in the amount of \$399.00. Your first check will be deposited upon receipt and the second will be deposited on May 1st, 2011.
- Players are accepted on a first come, first serve basis, and applications are approved based on age requirements listed on application. If the application is not accepted, any amounts paid will be returned/refunded, and you will be notified immediately.
- Refund Policy: NO REFUNDS after being accepted to the camp!

Player Information [complete all fields]:

Player Name: _____ Date of Birth: _____

Street Address: _____ School Grade: ('10/11) _____

City, State, Zip: _____

Home Phone: _____ Email: _____ **Player Cell Phone** _____

2010/2011 Team: _____ Preferred Position: _____ Shoots: _____

Coach's Name and Phone: _____

USA Hockey/Canadian National Camps Attended _____ Other Camps Attended _____

District Camps Attended (include city) _____

Height: _____ Weight: _____ Jersey size: _____ T-Shirt Size: _____

Pleas help us: How did you hear about the Camp? _____

Parent Information [complete all fields]:

Name(s) of Parent/Legal Guardian: _____

Address of Parents (if different than player): _____

Parent Home Phone: _____ Parent Email _____

Insurance Carrier Name: _____ Ins. Address: _____

Policy Number: _____

In case of emergency (other than parent) name/phone: _____

I need Airport Pick up @ Denver Int. Airport: Yes ___ No ___ **I need Airport Drop off** Yes ___ No ___

If paying with personal check, please make checks payable to **CSGHA**.

If paying with credit card (Master Card, AMEX, Discover, and Visa Only), the total amount will be charged. Please complete the following:

Card # _____ **Expires** ___/___/___ **Type of Card (circle):** Visa MasterCard Discover Amex

Name on Card: _____

Billing Address: _____

I authorize my bank to process the applicable High Altitude Elite Girls Hockey Camp Fee on the charge card indicated above by the CSGHA. When my credit card company charges my account, such charge constitutes my receipt for payment. Should said credit card company not honor any charge, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. I UNDERSTAND AND AGREE THAT ALL FEES ARE NON-REFUNDABLE.

Card Signature _____

Return this form and deposit to: CSGHA: High Altitude Girls Hockey Camp PO Box 270196 Littleton, CO 80127