

HIGH ALTITUDE ELITE GIRLS HOCKEY CAMP



DATE: JUNE 12TH – 16TH 2010
LOCATION: UNIVERSITY OF COLORADO AT BOULDER
COST: \$895.00 - INCLUDES ROOM, BOARD, JERSEY, CAMP T-SHIRT,
AIRPORT PICK UP AND DROP OFF.
DEADLINE: MAY 1ST ONLINE AT WWW.ELITEGIRLSHOCKEYCAMP.COM OR BY
MAIL.
**OPEN TO ALL PLAYERS ENTERING GRADES 10-12 IN FALL 2010 AND 2010
GRADUATING SENIORS.**

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

- 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

2009 Staff For High Altitude Elite Camp Included: (Additional staff includes NCAA Div I & III Collegiate Student Athletes)

Paul Nemetz-Carlson	Yale
Kristin Steele	Connecticut College
Grant Kimball	University of North Dakota
Allison Coomey	Boston University
Phoebe Manchester	Chatham University
Coach From	University of Wisconsin
Jill McKinnis	St Anselm
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: \$895.00 - 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, 2010 in the amount of \$395.00. Your first check will be deposited upon receipt and the second will be deposited on May 1st, 2010.
- 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]:

Name of Player: _____ Date of Birth: _____
Street Address: _____ School Grade: ('09/10) _____
City, State, Zip: _____
Home Phone: _____ Email: _____ **Player Cell Phone** _____
2009/2010 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: _____
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): _____
Home Phone: _____ Email: _____
Insurance Carrier Name: _____ Address: _____
Policy Number: _____
In case of emergency (other than parent) name/phone: _____

I need Airport Pick up 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 80127-0003