



TIMMINS ROCK JUNIOR 'A' HOCKEY CLUB

SPRING PROSPECTS EVALUATION CAMP

JUNE 3RD & 4TH WHITBY, ON

Iroquois Park Sports Centre
500 Victoria St. West,

On behalf of the Timmins Rock Junior 'A' Hockey Club it gives me great pleasure to extend you an invitation to attend our upcoming Spring Prospects Evaluation Camp on June 3rd and 4th 2017 at the Iroquois Park Sports Centre in Whitby, Ontario. Each player will participate in 4 hours of ice time. Space is limited and based on a first come, first serve basis.

WHO SHOULD ATTEND

This Prospects Camp is for aspiring hockey players between the birth years of 1997-2001 that wish to have an opportunity to play Junior A hockey in the NOJHL; we are looking for players for the upcoming season and for the future.

We are seeking players who possess strong core values which include:

- a championship attitude
- a willingness to learn
- an exceptional work ethic on and off the ice
- a commitment to a team first approach

ABOUT THE CAMP

All players who attend the camp will be given the opportunity to demonstrate their ability to play at the next level. Through intra-squad games player will be given the chance to show they have the skills, intelligence, and the character to be a Jr. A hockey player for the Timmins Rock.

We will provide you with the opportunity to showcase your on-ice skills to our Coaching and Scouting Staff with the objective to receiving a commitment to attending our Main Camp in Timmins, Ontario in August.

- The cost of the camp is \$175.00 (HST included)
- Please see attached registration documents
- You can email gm@timminsrock.com to register

We look forward to seeing you in attendance at camp. If you have any questions please feel free to contact me anytime. Yours in hockey,

Kevin Peever

General Manager, Timmins Rock Junior 'A' Hockey Club



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REGISTRATION FORM

.....DETACH HERE AND RETURN WITH PAYMENT

Timmins Rock 2017 Spring Prospects Evaluation Camp
(Must be accompanied by \$175.00 cheque payable to the Timmins Rock)
Mailing Address: 85 McIntyre Road, P.O. Box 823, Schumacher, ON, P0N1G0

Last Name: _____ First Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Email: _____

Position: _____ D.O.B: _____ Height: _____ Weight: _____ Shot: _____

Previous Team: _____

PAYMENT TYPE (please check method): Cheque _____ e-transfer _____

WAIVER - The undersigned parent/guardian releases the Timmins Rock, its officers, directors, and employees from any claims for injury and/or damages that may arise from participation in this team's hockey program.

Player Signature: _____ (if over 18) (Date) _____

Parent Signature: _____ (required if under 18) (Date) _____

**A PLAYER WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A PERMISSION TO SKATE Form
NO EXCEPTIONS**

