



**Write Check Payable to:**  
Warda Hockey Academy

**Send Form & Check to:**  
Warda Hockey Academy  
252 Kerby Rd.  
Grosse Pointe Farms, MI 48236

## Mail In Registration Form

**Player Name:**

**Current Team/Level:**

**Position:**

**Player Birthdate:**

**Looking to Improve:**

**Address**

**City:**

**Zip Code**

**State:**

**Parent/Guardian Name: Phone:**

**Email:**

**Training Camp Location & Date:**

**Contact For Any Questions:**

Ben Warda

Benwarda27@gmail.com

248-941-9807

**BAUER**

