



DICKINSON HOCKEY SPRING/SUMMER PROGRAM

ALL CAMPS/PROGRAMS WILL USE 2024/25 AGE CLASSIFICATIONS.
REGISTER FOR THE LEVEL YOUR PLAYER WILL BE IN NEXT SEASON.

SPRING PROGRAMS

SHINNY: \$35.00

APRIL 8–MAY 23:

Monday, Wednesday & Friday

Each player will have 2 sessions/ week

AGE GROUPS:

Mini/Mite, SQ/10U, PW/12U, DHSG/15U, DHBS/BTM

3V3 LEAGUE: \$100.00

APRIL 8–MAY 23:

Tuesday & Thursday

Each player will skate once per week (6 weeks)

AGE GROUPS:

Group 1- Mites, Group 2 - SQ/10U, Group 3 - PW/12U/15U
Group 4 - DHBS/DHSG/BTM

SUMMER PROGRAMS

SKILLS CAMP: \$250.00

JUNE 3-28, JULY 8-18: Monday & Tuesday (1 session per week)

AGE GROUPS:

Groups TBD

- Based on registration numbers

SCORING/SKATING
CAMP: \$250.00

JUNE 3-28, JULY 8-18: Wednesday & Thursday (1 session per week)

AGE GROUPS:

Groups TBD

- Based on registration numbers

GAME DAYS: \$75.00

JUNE 3-28, JULY 8-18: Monday - Thursday (2 sessions per week)

AGE GROUPS:

4 Age Groups - Based on registration numbers

***Goalies Free* will need to register**

GOALIE CAMP: \$200.00

JUNE 3-28, JULY 8-18: Monday - Thursday (2 sessions per week)

AGE GROUPS:

Group 1- 2010 & older - Mondays & Wednesdays

Group 2 - 2011 & younger - Tuesdays & Thursdays

SUMMER SKATER BUNDLE

PACKAGE \$400.00 (\$175.00 SAVINGS)

PACKAGE INCLUDES

- Skills Camp
- Scoring/ Skating Camp
- Game days

FAMILY DISCOUNT - ONLY APPLICABLE TO SKATER BUNDLE PACKAGE

- \$400.00 - First child
- \$300.00 - Second child
- \$200.00 - third child and each additional child in family

PARTICIPANT INFORMATION

Date of Birth: _____ Phone # _____ - _____ - _____ 2024 Age Division: _____

Last Name: _____ First: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian: _____ Relation: _____

Home Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

Email: _____

I release the Dickinson Hockey Club, Dickinson Parks & Recreation, their Employees, Hockey Coaches the Coordinator and Administrators from any liability, injury or otherwise that my child(ren) may incur in relation to this activity.

PAYMENT INFO

Amount Due: _____

Payment Type: _____ Cash _____ Check

Please Make Checks Payable to:

DICKINSON HOCKEY CLUB

Dickinson Hockey Club

P.O. Box 1227

Dickinson, ND 58602-1227

(Signature of Guardian) _____