



**FCA HOCKEY CAMP VI
MOYLAN ICEPLEX
OMAHA, NE
JULY 22 & 23, 2011**

**ALL AGES
ALL SKILL LEVELS**

The sixth annual Fellowship of Christian Athletes Hockey Camp will be held at the Moylan Tranquility Iceplex in Omaha, NE on Friday, July 22 and Saturday, July 23. This camp is open to male and female players of all ages and skill levels, and will focus on hockey skills, hockey fundamentals, conditioning, spiritual enrichment and fun.

Each session will run from 8:30AM-4:30PM and will consist of approximately three (3) hours of ice-time per day, dry-land training, chalk talk, spiritual devotions and lunches. The cost for the complete camp will be \$140.00 per player, for the first player from a family, and \$90.00 for each additional player from the same family. If needed, scholarships are available. Parents and siblings are welcome to participate or audit. Half-day sessions are available for players born since 2004 and/or for skating parents at \$90.00, per skater.

If you and/or someone that you know is interested in this FCA Hockey Camp, please provide the information requested below via e.mail (denisescholz@cox.net), fax (402-331-3827) or USMail (Ross & Denise Scholz, 10222 Polk St., Omaha, NE 68127-5401). In order to assist us in making the appropriate arrangements, even without your payment at this time, we would appreciate receiving your registration as soon as possible. This is an opportunity for tremendous fulfillment and enrichment, so please plan to attend and bring your friends.

NAME: _____ **Birth Year:** _____ **Years in Hockey:** _____

I last played for a _____ **house team or** _____ **travel team and played:** **Forward Defense or Goalie**

Current Team, Organization and Level: _____

School: _____

Home Phone: _____ **e.mail:** _____

Home Address: _____

Mom's Name & Phone No.: _____

Dad's Name & Phone No.: _____

Health Notes: _____

Jersey Size: _____ **Youth or Adult** **Do you wish to apply for a Scholarship?** **YES NO**

Payment \$ _____ **VISA/MC No.** _____ **Exp** _____ **Code** _____

Check Enclosed payable to "FCA-Nebraska" (Denise Scholz, 10222 Polk St., Omaha, NE 68127-5401)

Parent or Guardian (and VISA/MC) Signature: _____