



Minnesota Hockey Officials Assn. 2012 Summer Camp Application

Name _____

Address _____

HPhone _____ City _____ State _____ Zip _____

Cell Phone _____ e-mail _____

Miscellaneous Information

Height _____ Weight _____ Birth Date _____

Occupation or Major if you're a Student _____

Number of Years Officiating _____ Current USA Hockey Level _____

District # _____ District Supervisor Signature (Required) _____

Logistic Information

Will you be driving to St. Cloud YES _____ NO _____ If YES:

Year, Make & Model of Vehicle _____

License Plate Number _____ State _____

Emergency Information

In case of emergency please notify:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Relationship _____

Return this form & your \$50 Check (Payable to MHOA) to:

Steve Tatro
MHOA & Minnkota Mens Camps
214 4th Avenue
Two Harbors, MN 55616

Applications Accepted 1-1-12 to 4-15-12 Camp Dates 6-9-12 through 6-14-12

For any further questions, please call Steve Tatro at 218-393-5343 or e-mail stevetatro@frontiernet.net