

Wadena Hockey Campership Program

To support our Athletes that choose to commit to their growth as a hockey player and member of the Wadena Hockey organization, we would like to provide your son or daughter a sponsorship for their summer hockey development. While we know that summer is busy with jobs, lakes, and ball games those families that commit to developing hockey skills during all these other activities, your effort is appreciated. Our campership program is being implemented to encourage families to participate in development during the off-season by offsetting some of the cost of the clinic, camp, or team.

Requirements for Campership Funds

- Camp must be an open to the public hockey skills camp/training or AAA registration
- Applications must be submitted to the Wadena Hockey Board by September 1st.
 - Applicant (Family) must be a member of Wadena Hockey and in good standing.
 - Application Form
 - Attach Summary Sheet or Description of the Camp Attending or Participating Team
 - Attach Receipt for Payment
 - Final Verification Form
- Eligible Applications will be granted a credit of \$100 per skater towards their 2024-2025 season fees after final review and approval at September Board meeting. Limit one per skater per season.

Wadena Hockey Campership Application

- 1) Player Name: _____
- 2) Parent or Guardian Name: _____
- 3) Contact Phone: _____
- 4) 2024-2025 Player Level: Bantam PeeWee Squirt 8U
- 5) Camp Name: _____ (attach summary)

OR

Team Name: _____ (attach summary)

- 6) Attach Receipt of Payment
- 7) Attach Final Verification Form
- 8) Submit to Wadena Hockey Board no later than September 1st via one of the methods below:

WADENA HOCKEY CLUB
ATTN: JAMIE HATHAWAY
PO Box 522
Wadena, MN 56482

Or

Email: wadenahockeyclub@gmail.com

Wadena Hockey Campership Program Verification Form

This certifies that _____ (name of player) has
successfully completed _____ (camp name) or
been an active part of _____ (team name)
on the following dates _____.

Coach or Administrator Name: _____

Coach or Administrator Signature: _____

Coach or Administrator Contact Number: _____