



Edina Hockey Association

Sponsored Goalcrease Training Packages

Season: 2021-2022

Save \$375 on a five pack of Goalcrease 1on1 sessions with EHA's contribution.

Training Package Options	Goalie's Co-Pay	Total
Five (5) 1-on-1 sessions, 45 minutes each, for use "in-season".	\$275*	
<i>Additional discount for EHA Goalies. 1-on-1's for year-round use, only \$105 each.</i> **Only one purchase per season at this rate. Do not have to register now, can be added later	- x \$105=	
	+ co-pay	\$_____

Registration form and fees must be submitted to Goalcrease. Ph; 952-942-7001. jhall@goalcrease.com. Schedule at www.goalcrease.com after registration. All major credit cards accepted.

*Regular price is \$650 for a 5 pack.

** Offer is good only once per year per customer. Regular price is \$145 per session. These bonus sessions may be purchased now or at a later date.

Registration

Goaltender's Name	
Date of Birth	
Gender	
Address	
City, State, ZIP	
Parent's/Guardian's Names	
Best Phone Number	
Email Address	

I agree that Stauber's Goalcrease, Inc., and/or its proprietors will not be held responsible for any accidents or loss however caused, and agree to release the proprietors from all claims or damages which may arise as a result of or by reason of such accidents or loss.

The undersigned student, parent, or legal guardian acting on behalf of the student, grants Stauber's Goalcrease, Inc. and parties designed by Stauber's Goalcrease, Inc., the irrevocable right to use my name and photograph in any medium including but not limited to print and electronic for purposes of advertising, trade, display, exhibition or editorial use. I hereby waive any and all rights I may have to inspect or approve any of the finished or unfinished photographs, video tapes or other means of reproduction referred to herein, so long as the use is of a lawful purpose.

I am at least 18 years of age and otherwise meet the age of majority requirements in my state or have permission from my parent/legal guardian as indicated by their signature below. I have read the above and thoroughly understand its terms and meaning, and I know no reason why I am not free and competent to grant this release.

Signature _____ Date _____

Internal Use Only:

Paid in Full: If not paid in full balance due/goalie due: _____

Entered in Account

Finalized by _____

Stauber's Goalcrease

7401 Washington Avenue South ☐ Edina, MN ☐ 55439
 Phone: 952.942.7001 ☐ jhall@goalcrease.com ☐ www.goalcrease.com