



2024 Spruce Kings Elite Goalie Development Application Form - August 12 – 15, 2024

U13 (2012-2013)		U11 (2014-2015)		
Student:	Dat	Date of birth:		
Mailing Address:				
City:	Province/Stat	e:	Postal/Zip Code:	
Phone #: ()	Email address:			
Date of Birth:	Height:	Weight:	Shoots (L/R)	
Position:	Parents Names:			
Last Team Played For:				
Please complete and return th	is form to pgskcamps@spruceki	ngs.bc.ca		
Total Amount of \$499 + GST (\$523.95) is owing at time of registration				
Cheque – make cheques pa	ayable to "Prince George Sp	ruce Kings"		
*Cash must be done in person at Spruce Kings office				
Amount to be billed to cred	lit card:			
Credit Card Type (Please c	heck one): Visa Mast	ercard	-	
Card #	Ехр	iry	_	
Name on card				
Card Holder Signature				
$\hfill \square$ By submitting this form, I indicated above.	hereby give the Spruce Kings at	uthorization to de	ebit my credit card by the amount	
City of Prince George, and the Sp any claims or damages resulting this waiver is signed prior to the prior to the start of selected sess	ruce Kings Elite Development camp from any accident or loss however start of each selected session. If su	o and any/or any p it may be caused. Ibmitting registrat	ice Kings Junior "A" Hockey Club, the berson associated with this even from Applicant will not be selected unless ion online, a signature will be required	
Signature of Parent or Guardia	in:		Date:	