



2024 Spruce Kings Prep Camp Application Form - August 6 — 9, 2024

U15 (2010-2011)		U18 (2007-2009)		
Student:	Date of birth:			
Mailing Address:				
City:	Province/State	:	Postal/Zip Code:	
Phone #: ()	Email address:			
Date of Birth:	Height:	Weight:	Shoots (L/R)	
Position:	Parents Names:			
Last School Attended:			Avg. Mark (GPA):	
Last Team Played For:				
Please complete and return t	his form to pgskcamps@sprucekin	gs.bc.ca		
Total Ar	nount of \$240 + GST (\$252.00)	is owing at tim	e of registration	
Cheque – make cheques	payable to "Prince George Spru	ıce Kings"		
*Cash must be done in pe	erson at Spruce Kings office			
Amount to be billed to cre	edit card:			
Credit Card Type (Please	check one): Visa Maste	ercard		
Card #	Expir	у	<u>-</u>	
Name on card				
Card Holder Signature				
$\hfill\Box$ By submitting this form, indicated above.	I hereby give the Spruce Kings aut	chorization to de	ebit my credit card by the amount	
City of Prince George, and the S any claims or damages resulting this waiver is signed prior to the prior to the start of selected ses		and any/or any p may be caused. A mitting registrat	erson associated with this even from	
Signature of Parent or Guard	ian:		Date:	