



SMITHS FALLS BEARS PROSPECT CAMP
May 5-7th Smiths Falls Memorial Centre

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Date of Birth: _____

Position: _____ Shot: _____

Height : _____ Weight: _____

Last Level Played: _____ Team Name: _____

Emergency Contact Name: _____ Telephone Number: _____

Medical Conditions: _____

Health Card #: _____

Signature: _____ Date: _____

Prospect camp will cost \$199 (+HST) for players.

Please drop off completed form and payment to:
Josh Filoso @ 1743 St Laurent Blvd, Unit 225

Or email to joshfiloso@gmail.com

If paying by credit card

Type of card: Mastercard/Visa

Card Number: _____ Expiry Date: _____

If paying by e-transfer, send to joshfiloso@gmail.com

Cancellation Policy: No refund is provided if application is cancelled within 2 weeks of camp date. A \$50 dollar processing fee is charged otherwise. The above applicant will not hold the owners and staff of the Smiths Falls Bears Hockey Club liable/responsible for damages, loss or injury which may occur and hereby release the Smiths Falls Bears Hockey Club from any actions which may occur while attending the Smiths Falls Bears Evaluation Camp. This release covers traveling to and from the arena as well as any and all activities on and off the ice.