



SMITHS FALLS BEARS PROSPECTS CAMP

May 2-3 2025 @ Smiths Falls Memorial Centre

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Position: _____ Shot: _____

Birthdate: _____ Height: _____

Level Played 2024-2025: _____ Team Name: _____

Emergency Contact Name: _____ Telephone Number: _____

Medical Conditions: _____

Health Card #: _____

Signature: _____ Date: _____

(parent or guardian please sign for applicant under 18)

Evaluation camp will cost \$245 (+ HST) for players.
(\$276.85 TOTAL AFTER TAX)

Please email completed form and e-transfer payment to:
joshfiloso@gmail.com

Or mail completed form and payment to:
Josh Filoso @ Unit 108, 1769 St Laurent Blvd, Ottawa, ON K1G 3V4

Please make your cheque payable to Smiths Falls Bears

If paying by credit card

Type of card: Mastercard Visa

Card Number: _____ Expiry Date: _____

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.