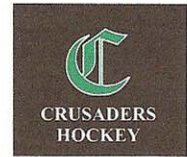


SPRING CAMP REGISTRATION



**** PLEASE PRINT LEGIBLY ****

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Home Address _____ City _____ Prov _____ Postal _____

E-Mail Address _____ Phone # () - _____

Date of Birth _____ Other Phone _____
(YEAR) (MONTH) (DATE) (CURRENT AGE)

Alberta Health Care (must have): _____

Father or Guardian _____ Phone _____ Mother _____ Phone _____

League and Team from 2010-2011 Season _____

Height _____ Weight _____ Position _____

_____ **I will be attending the Sherwood Park Crusaders Spring Evaluation Camp, please secure my spot.**

_____ **I will not be attending the Sherwood Park Crusaders Spring Evaluation Camp, please release my spot.**

Registration Fees of \$100.00 are required to secure your spot for our Spring Evaluation Camp.

Payment options:

_____ Cheque made payable to the Sherwood Park Crusaders and mailed to:

Sherwood Park Crusaders
2015 Oak Street
Sherwood Park, AB T8A 0W9

Phone: 780-417-1175
Fax: 780-417-3767

_____ VISA or MasterCard Card # _____

Expiry Date _____

Full Name on Card _____

Signature for File _____

**** Registration and ice times can be confirmed via WEBSITE at www.crusadershockey.ca starting one (1) week prior to the date of camp. Please continue to confirm your ice time right up to your first scheduled camp date. ****

- ***Our camps do have limited spaces thus payment must be received to secure your spot.***
- ***Full-certified face masks and neck guards are mandatory.***
- ***Please bring your own water bottle to camp.***
- ***Registration fee includes a Crusaders Hockey keepsake.***