



2017 APPLICATION FORM



Name of Applicant _____ Male Female

Age _____ Birthday _____ (mm/dd/yyyy) * Individual Camp participants must be 12 as of December 31, 2016. Team Camp Participants must be 14 as of December 31, 2016.

(Exceptions may be made for highly skilled juniors on a case by case basis.)

Parent _____ Phone _____

Address _____ City _____

Province _____ Postal Code _____

Email _____ ** All communication will be sent to this email

Jr. Individual Camp (\$645) Aug 21-23 Player's Jacket M or F Size _____

Jr. Team Camp (\$645) Aug 24-26 Team Name _____

Coach attending camp YES NO Coach Name _____

Coach Email _____ Coach's Jacket M or F Size _____

Please describe your curling experience, including years played, position, zones, provincials, nationals, and your future goals. _____

Applications must be accompanied with full payment (cheque [payable to U of A] or credit card)

Please send to:

Curling
Saville Centre
University of AB
Edmonton, AB
T6G 2E1

Fax: 780-492-1302
Email: karla.ishida@ualberta.ca

Visa/MC/AMEX _____ Exp _____

Name on Card _____

Please note that applicants will receive email confirmation upon acceptance. Please note that incomplete forms will not be processed. Preference will be given to teams of 4 for the Team Camp. The organizers reserve the right to substitute instructors based on availability. Kevin Martin's Summer Curling Academy, the Saville Centre, and their staff, and contractors are not responsible for injuries at the Kevin Martin's Summer Curling Academy. Registrations are fully transferable in case of illness or injury. There will be no refunds.

I have read and accept the terms and conditions.