

| ATHLETE INFORMATION: |
|---|
| CHILD'S NAME: |
| GROUP: |
| ADDRESS/POSTAL CODE: |
| CITY: |
| CONTACT NAME: |
| CONTACT PHONE: |
| CONTACT EMAIL: |
| |
| PAYMENT INFORMATION: |
| METHOD OF PAYMENT: |
| CREDIT CARD: |
| NAME ON CARD: |
| CARD NUMBER: |
| SECURITY CODE: EXP: |
| |
| ■ E-TRANSFER TO kmcgowan@lindanequities.com |
| |
| CASH OR CHEAQUE AT CAMP CHECK IN |

FOR ANY QUESTIONS OR TO EMAIL YOUR COMPLETED REGISTRATION FORM: CHAD HOHMANN | chohmann@silentice.com - 780-916-3446