



Iroquois Falls Storm Jr A Hockey Club – 2023-24 Prospect Camp -Registration Form

Registration Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Date of Birth Month ____ Day ____ Year ____ Age: ____

Position: _____

Goalies: Call Coach Kevin Walker at 705-274-9080

What Team / League did you play for last year? _____

Guardian Name: _____ Phone: _____

Guardian Signature: _____ (Required If Under 18 years old)

Payment Information

Cost: \$ 195.00. (HST Included)

Dates; June 10th & June 11th, 2023

Location: Gerry McCrory Countryside Arena – Sudbury Ontario

Payment: Payment must be made in full at time of registration: e-transfer to: president@ifstormjra.com or 416-726-072: Please use question: What city is the prospect camp being held.

[Confirmation of Registration will be sent via e-mail within 24 hours of processing payment.](#)

I understand that no refunds or credits will be issued unless your position can be filled. Confirmation of enrollment will be made once payment and registration has been received.

Signature: _____ Date: _____
Players