

PLAMONDON VOLLEYBALL CLUB WOLFPACK IDENTIFICATION CAMP ALLOWANCE



PART 1 – TO BE COMPLETED BY ATHLETE

Legal Name in Full	
Mailing Address	
Telephone Number	
Email Address	
Date Of Birth (month, day, year)	

I, _____ have read and understand the conditions of the PVCW ID Camp Allowance. I affirm I attended an ID Camp during the current club volleyball season. I understand this application will be available only to current PVCW athletes who attend an ID Camp, such as College/University ID Camps and Team Alberta/Canada ID Camps during the current club season. I am aware that each year I may apply to receive \$250.00 to support my travel expenses/registration fees to these ID Camps. ID Camps attended between July 1st and June 30th of the current year will be eligible for funding. I am aware the application deadline is June 30th of the current club season. If eligible for the PVCW Bursary, I agree to provide PVCW with a copy of the ID Camp registration/confirmation. If eligible, I will receive payment once all required documents are received by PVCW.

Player Signature	
Date (month, day, year)	

PART 2 – TO BE COMPLETED BY PARENT/GUARDIAN

Parent Name in Full	
Telephone Number	
Email Address	
Parent Signature	
Date (month, day, year)	

Date Received:
Received By:

Registration Received:
Cheque #: