APPLICATION FORM Solidarity Kid's Camp 2013

August 18 - 24, 2013 at Caddy Lake Camp in the Whiteshell, Manitoba

Name:		
	(Surname)	(Given Name)
A .l		
Address:(Street)		
		(Sileet)
		(City, Province)
Postal Code:		PSAC ID #
Telephone: (W):		(H):
releptione. (VV).		
Fax #:		Email:
Local:		Component:
DWC.		
RVVC.		
How long have y	you been a PSAC mem	ber?
Why is it importa	ant for you to attend this	s event?
SIGNATURE:		
JOHAI OIL.	(Signature of applica	nt) (Date of application)

If you have any questions please call the REVP's Office at 204-956-4625. You can fax your application to 204-943-0652 or email it to davisa@psac.com. Please return the completed application by March 25, 2013.