



Camp Fund Applicant Form 2024

Last Name: _____ First Name: _____ Gender: _____

Age: _____ Occupation: _____ Have you attached your photo: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Home Tel: _____ Cell Phone: _____

Email: _____

Systema group you are currently training with (if any): _____

What amount of the camp fee you are able to afford: _____

We do **not** provide visitor's visa support or invitations.
Indicate/confirm that you do have a valid passport/travel document to enter Canada: _____

Please circle the size for your complimentary Camp T-Shirt: S M L XL XXL

Previous experience in Systema:

In the space provided, please briefly explain why you are eligible to receive the Camp Fund sponsorship (please list specific reasons only):

Your application will be thoroughly reviewed, additional documentation or information may be required.
By signing this form, you acknowledge and agree that your name, photo, and credentials may be used in promotional materials.
It is your responsibility to take care of your travel arrangements and to ensure that the camp forms are submitted on time.
We reserve the right to decline any applicant. Please allow sufficient time for processing.

Signature _____ Date _____