



P.O. Box 24099
Penticton, B.C., V2A 8L9
Phone: (250) 490-9696

Application for Financial Assistance

Name of Player: _____

Date of Birth: _____ Male Female

Address: _____

Home Phone: _____ Work / Cell: _____

School Attending: _____

Parent / Guardian: _____

Address: _____

Home Phone: _____ Work / Cell: _____

Is this the first time participating in hockey? _____

If no, how many years has he / she participated? _____

Did you apply for KidSport or Jumpstart funding? Other? _____

If yes, when did you apply? How much if approved? Yes / No \$ _____

How much towards registration fees do you require? \$ _____

Do you require assistance with equipment? Yes / No If yes, what do you require?

***Submit letter explaining your financial situation. It must include the child's name, birthdate and division for hockey. This is confidential.**

Please sign acknowledgment:

I am aware that there are team fees above registrations costs that cover items such as socks, tournament fees, etc., that the team will collect throughout the season that are not covered by this financial assistance.

Parent/Guardian Signature _____

Our office will notify you of decision as soon as possible.