



MINOR HOCKEY SUBSTITUTE GOALTENDER REQUEST

**As per regulation 4.9*

PART A

DATE: _____

1. ASSOCIATION: _____ TEAM NAME: _____

ASSOCIATION PRESIDENT: _____ PH#: _____ FAX#: _____

PRESIDENT SIGNATURE: _____ E-Mail.

COACH NAME: _____ CARD#: _____ PH#: _____ FAX#.

E-Mail.

INJURED GOALTENDER NAME: _____ CARD#: _____

CATEGORY OF: _____ TEAM: _____
(Midget, Bantam, or Pee Wee) (AAA, AA, A, B, C, or D)

2. LEAGUE NAME: _____

LEAGUE PRESIDENT/GOVERNER: _____

ADDRESS: _____

E-Mail. _____ PH# _____ FAX# _____

LEAGUE PRESIDENT/GOVERNOR SIGNATURE: _____

PART B

NAME OF GOALTENDER REQUESTED: _____

CARD#: _____ ADDRESS: _____ PH.#: _____

CATEGORY : _____ TEAM: _____
(Midget, Bantam, or Pee Wee) (AAA, AA, A, B, C, or D)

PARENT: _____ PH#: _____
_____ FAX# _____

PARENT SIGNATURE: _____

COACH NAME: _____ PH#: _____ FAX# _____

COACH'S SIGNATURE: _____ PH#: _____ FAX# _____

ASSOCIATION PRESIDENT: _____ PH#: _____ FAX# _____

ASSOCIATION PRESIDENT SIGNATURE: _____

PHYSICIANS INFORMATION - PLEASE PRINT

CLINIC NAME: _____

ADDRESS: _____ PH#: _____

TYPE OF INJURY: _____

EXTENT OF LAYOFF: _____

PHYSICIAN'S SIGNATURE: _____

REASONS AFFILIATED TEAM GOALTENDER CANNOT BE USED?

PLEASE NOTE: IF YOUR TEAM REPRESENTS YOUR ZONE AT THE PROVINCIAL TOURNAMENT AND THAT TOURNAMENT HAS A SPARE TOURNAMENT GOALTENDER THIS AGREEMENT IS VOID.

ZONE MANAGER of OPERATIONS: _____ DATE: _____

MINOR COUNCIL CHAIRPERSON'S APPROVAL: _____ DATE: _____

