



## 2020-2021 "LINDSAY'S KIDS" MINOR HOCKEY/RINGETTE SPONSORSHIP APPLICATION

Player's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone no. \_\_\_\_\_ Postal code \_\_\_\_\_

Rural land description (if applicable) LSD \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Range \_\_\_\_\_ W5Mer

Previous hockey experience \_\_\_\_\_

Previous skating experience \_\_\_\_\_

Program(check one) Cochrane Minor Hockey\_\_\_ Cochrane Ringette\_\_\_ Cochrane Rec. Hockey\_\_\_

### Sponsorship

\*\*Please attach a 100-200 word essay written by the player on "Why I love to play hockey."

\*\*\*Please attach a copy of previous year's tax return for parent(s)/guardian(s) and/or other documents pertaining to financial need.

Forms must be complete and handed in to the Cochrane Family & Community Support Services (FCSS) office 10 days before the registration deadline for your chosen program. The office is located at 209 2<sup>nd</sup> Avenue West in Cochrane. Inquiries regarding the "Lindsay's Kids" program should be made to Melissa Engdahl at 403-851-2250. Successful applicants will be notified one week before program deadline.

I/we understand that a successful application for sponsorship by the Lindsay Leigh Kimmett Memorial Foundation still requires application to and acceptance by the Cochrane Minor Hockey Association, The Cochrane Recreational Hockey League, Cochrane Ringette. I/we also understand the only funds provided by the Foundation will be used for direct payment of registration. I/we understand any additional costs example: transportation, supplies, etc. are my/our responsibility. I/we understand the sponsorship program is only available once per child.

\_\_\_\_\_  
Parent/guardian name(s) Signature(s)

Date \_\_\_\_\_ Witness signature \_\_\_\_\_

Essay attached \_\_\_\_\_

Financials attached \_\_\_\_\_