



# “LINDSAY’S KIDS” MINOR HOCKEY/RINGETTE SPONSORSHIP APPLICATION

Player’s name \_\_\_\_\_

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

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Postal code \_\_\_\_\_

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

Previous hockey/skating experience \_\_\_\_\_

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

\*\*\*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 Resource Network (FRN) office 10 days before the registration deadline for your chosen program. The office is located at 127 First Ave. West in Cochrane. Inquiries regarding the “Lindsay’s Kids” program should be made at 403-851-2265.

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, or 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, equipment, supplies, etc. are my/our responsibility. I/we understand the sponsorship program is only available once per child.

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

\_\_\_\_\_  
Signature(s)

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

\_\_\_\_\_  
Signature(s)

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

\_\_\_\_\_  
Date

Essay attached \_\_\_\_\_ Financials given to FCSS \_\_\_\_\_