



**DAWSON CREEK MINOR HOCKEY ASSOCIATION  
DARYL BECOTTE FUND  
PLAYER ASSISTANCE PROGRAM APPLICATION  
REP RELATED EXPENSES**

The Daryl Becotte Fund provides financial assistance to support new or returning players who might otherwise be unable to participate in hockey due to financial hardship. This fund does not cover registration fees, but may assist with costs such as Rep fees, tournament fees, and other team-related expenses.

Only one application per player per season will be accepted. All information submitted will remain confidential and will be reviewed solely by the DCMHA Player Assistance Committee. Additional verification may be requested in writing. Maximum funding available per player is \$500.

**Eligibility & Criteria Requirements**

- The player must be between 9 and 17 years old
- Must reside within DCMHA boundaries as defined by BC Hockey
- Must be registered with DCMHA for the current season
- Must demonstrate clear financial need
- All other funding avenues must be exhausted prior to applying
- Camp costs, travel to championships, and playoff expenses are not eligible
- Applications will not be considered without full documentation
- Additional personal circumstances may be considered
- Consideration will be given to past DCMHA fundraising/volunteer participation
- Incomplete applications will not be reviewed
- Funding is limited and awarded based on availability
- Applications may be considered for reimbursement after the season

<b>Custodial Parent(s)</b>	<b>Check One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both</b>
Mother/Guardian Name:	
Email	
Home Phone	Cell:
Father/Guardian Name	
Email	
Home Phone	Cell:
Full Address:	

<b>Player Name</b>	
Birthdate	
Number of children in household	
List of other children (name and age):	
1.	Age:
2.	Age:
3.	Age:
4.	Age:
5.	Age:

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### Employment and Income Information

<b>Mother's Employer</b>	<b>Father's Employer</b>
Gross Annual Income: \$	Gross Annual Income: \$
Other Income (e.g., child support, benefits):	
Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own	

### Monthly Household Expenses

Expense	Amount (\$)
Mortgage/Rent	
Utilities	
Telephone	
Cable/Internet	
Vehicle Payments	
Other (specify):	
Other (specify):	

### Assets

**Do you own any vehicles?** ☐ Yes ☐ No

If yes, please list year and make:

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### Additional Information

Has your child played in DCMHA before? ☐ Yes ☐ No

Have you accessed this fund before? ☐ Yes ☐ No

If yes, please list the year(s):

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**What fundraising or volunteer roles have you participated in with DCMHA?**

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**Other sources of funding applied for:**

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**Special circumstances you would like the committee to consider:**

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**Important Notes**

- If DCMHA provides equipment to your child, it must be returned in reasonable condition at the end of the season.
- If you are approved through the Daryl Beacotte Fund, your rep tryout, rep monthly fees, tournaments and travel expenses will be covered up to a maximum of \$500/player.
- All registration fee payments will be made directly to the Association. Rep monthly fees to the team and the travel expenses reimbursed directly to the individual who paid for them upon receiving receipts.

**Authorization & Consent**

By signing below, you confirm that the information provided is true and complete. You understand that the DCMHA Player Assistance Committee may request verification and that incomplete applications will not be considered.

Signature of Custodial Mother/Guardian

Signature of Custodial Father/Guardian

Date of Submission: \_\_\_\_\_

**Submission Deadline**

Applications must be submitted to the DCMHA office [dcmha@pris.ca](mailto:dcmha@pris.ca) no later than October 15 of each year.

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**FOR DCMHA OFFICE USE ONLY:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved \$ \_\_\_\_\_

☐ Denied

Comments: \_\_\_\_\_

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