

MLAC HARDSHIP ASSISTANCE REQUEST

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Parent's Name: _____

Player's Name: _____

Address: _____

City: _____

Postal Code: _____ Telephone: _____

Email address: _____

Date of Birth: _____ Gender _____

Team name: _____

Player: Describe below a brief history of your involvement in hockey. How long have you played, your future hockey plans, where did you play in previous years, etc.

Parents: Briefly describe the circumstances surrounding this financial hardship application. For example: job loss, disability, marriage breakdown, etc.



We require a photocopy of your most current Canada Revenue Agency Notice Assessment with this application. I certify that the information provide is true. I understand that if any of these statements are found to be inaccurate, this application will be rejected.

Parent(s) Signature: _____ Date: _____

MLAC Executive Approval 1: _____ Date: _____

MLAC Executive Approval 2: _____ Date: _____