

REQUEST FOR POLICE INFORMATION CHECK

To whom it may Concern:

This letter is to certify that ______ is a volunteer of the MHRA (Medicine Hat Ringette Association), a non-profit organization, Society Number **503833527**.

MHRA requires all Coaches, Team Staff, and Board Members who are involved in our association to obtain a Police Information Check & Vulnerable Sector Search.

It is our understanding that the fee will be reduced with a copy of this letter. Your assistance in this matter would be greatly appreciated.

Sincerely,

Jay Pinnell MHRA President (403) 502-5622 president@mhringette.com