

**SASKATCHEWAN HOCKEY ASSOCIATION**  
**#2 – 575 PARK STREET**  
**REGINA, SK S4N 5B2 PHONE: (306)789-5101 FAX: (306)789-6112**

**CONCESSION APPLICATION**

**OFFICE USE ONLY**

CONCESSION NO.: _____	APPROVED: _____
DATE REC'D: _____	DENIED: _____
RECEIPT NO.: _____	TABLED: _____
CC: _____	SIGNATURE: _____
	(or more information required)

**NOTE: PLEASE USE A SEPARATE FORM FOR EACH INDIVIDUAL AND A FEE OF \$50.00 FOR EACH APPLICATION.**

All concession requests must be accompanied by a \$50.00, non-refundable fee. This concession is being requested to **Regulation #** \_\_\_\_\_.

BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (RES) \_\_\_\_\_ (BUS) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Method of payment: Circle: Cheque      Cash      Visa      Master Card      American Express

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp: \_\_\_\_/\_\_\_\_

REASON FOR REQUEST (PLEASE ATTACH ALL SUPPORTING DOCUMENTS).

**WHEN THE REQUEST IS FOR A PLAYER THE REVERSE SIDE MUST BE COMPLETED.**

PLAYERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEAM LAST PLAYED FOR: \_\_\_\_\_

DATE OF BIRTH: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

HAS A RELEASE BEEN OBTAINED FROM THE LOCAL HOCKEY ASSOCIATION?  
IF "YES" PLEASE ATTACH RELEASE.

YES  NO

HAS A CONCESSION BEEN REQUESTED IN THE PAST?

YES  NO

ASSOCIATION AND TEAM THAT THE PLAYER WISHES TO REGISTER WITH?

---

DOES THE ASSOCIATION, THE PLAYER WISHES TO REGISTER WITH, SUPPORT  
THE REQUEST?

YES  NO

SIGNED BY: \_\_\_\_\_  
(PRESIDENT OF ASSOCIATION)

DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**NOTE: CONCESSION, IF APPROVED, IS FOR THE 2020-21 SEASON  
ONLY**