



**BURFORD & DISTRICT MINOR HOCKEY ASSOCIATION
REGISTRATION ASSISTANCE PROGRAM APPLICATION FORM**

Player Information:

First Name _____
Last Name _____
Address _____
City _____
Postal Code _____
Birthdate _____

Parent/Guardian Information:

First _____ Name
Last Name _____
Address (if different than above) _____
City _____
Postal _____ Code
Telephone _____
Email _____
Relationship to Child _____
How many adults in the home _____
How many children in the home _____ Age(s) of Child(ren) _____

Financial Information:

Gross Annual Household Income (check one):
Less than \$23,000 _____ Less than \$36,500 _____
Less than \$27,000 _____ Less than \$45,000 _____
Less than \$32,000 _____ Less than \$55,000 _____

Please attach documentation to confirm above figure. (i.e. Notice of Assessment from most recent Income Tax Return and recent pay stubs; and if applicable, stubs from Government Assistance cheques, insurance benefit stubs, etc.)

Parent/Guardian Signature

Date