



# Elk Valley Minor Hockey Association

## Financial Assistance Request Form

Players Name \_\_\_\_\_

Players Date of Birth \_\_\_\_\_ Players Division by Age \_\_\_\_\_

Reason for financial assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Documentation if required  Yes  No

Parent(s)/Guardians Name Printed \_\_\_\_\_ Signature \_\_\_\_\_

Approved  Yes  No

Date \_\_\_\_\_ EVMHA President Signature: \_\_\_\_\_

- Please complete the information above and submit the player transfer request to Registrar Anita Dobson Prior to beginning of the season.
- It is important to realize that no player will be denied membership if financial hardship exists.

**ALL PERSONAL AND FINANCIAL INFORMATION WILL BE CONFIDENTIAL.  
IF THE FINANCIAL CIRCUMSTANCES BECOME MORE STABLE, IT IS A REQUEST  
THAT THE PARENT WOULD PUT ANY MONEY THEY CAN AFFORD TO THE  
REGISTRATION COST.**