



Play -More

APPLICATION FORM

Player Name: _____ Date of Birth: _____

Guardian: _____ Guardian Relationship: _____

Email: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ School: _____

Where played last season: _____

REQUIREMENTS OF THE APPLICANT

1. Player must be a Mississauga resident (and prove residency).
2. The player cannot be registered with any other Hockey League.
3. The MHL will decide which Association the player will register with.
4. No releases will be granted once registered.
5. Player must write a brief letter explaining why he/she wants to play hockey in the MHL.
6. Player must provide a copy of his/her most recent school Report Card.
7. Parent must write a brief letter explaining the need for Play-More assistance and provide some basic "proof of income" information. (e.g. CRA Notice of Assessment)

Forward completed applications (with above documentation) to:

Executive Director

Mississauga Hockey League

3056 Ridgeway Dr., Unit 34

Mississauga, ON L5L 5M6

or

Fax: (905) 607-1124

Email: info@hockey.on.ca

By signing this document the Guardian and Player confirm all information provided herein is accurate and true. Any falsified information provided within this statement will result in the player being subjected to immediate deregistration from the Play-More Program and possible future sanctioning of play within the Mississauga Hockey League.

Guardian Name (please print)

Player Name (please print)

Guardian Signature

Player Signature

Date of Application

Date Application Received (MHL to complete)