

HOUSE LEAGUE TRANSFER APPLICATION



Date: _____ Intra (Within) District Inter (Between) District
Player Name: _____ Date of Birth (MM/DD/YYYY): _____
Address: _____ Phone (xxx-xxx-xxxx): _____
City & Postal Code: _____ Email: _____
Home District: _____ Home Association: _____

I request a transfer for the above player with the _____ team in the _____
_____ Minor Hockey Association in District ___ for the 20 ____ - 20 ____ season. The
rationale is as follows:

Parent or Guardian Name: _____ Signature: _____

TRANSFER APPROVALS

Receiving Association President Name: _____ Signature: _____

Agree Oppose Comments: _____

Receiving District Chair Name: _____ Signature: _____

Agree Oppose Comments: _____

Home Association President Name: _____ Signature: _____

Agree Oppose Comments: _____

Home District Chair Name: _____ Signature: _____

Agree Oppose Comments: _____

*Transfers are for **ONE YEAR ONLY**. The player must return to his Home District and Association for the next season.*

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