HOCKEY EASTERN ONTARIO MINOR

ANNEX A
Initiation Fun Day Event Confirmation Form

Date: _____

Association Name: _____

Name and Category of Team: _____

Name of Head Instructor or Manager: _____

Address and Telephone _____

Sanctioned Fun Day Event Host Association _____

Date of Event: _____

Hockey Canada Registration No.	Name	Address	Jersey No.	Birth Date

I hereby certify that the above IP Group has fulfilled all the requirements of the IP Policy (Section B) and all participants/players listed above are eligible to participate in the Fun Day Event.

Association President: _____

Address: _____

Signature: _____

Official Approval By: _____
(District VP Initiation or Chair – Applicant)

This Form Must Accompany all applications to participate in a Fun Day Event
Note: Forward a signed copy to your District VP Initiation or Chairperson