



Port Perry Minor Hockey Corporation

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www.portperryminorhockey.ca

Providing the opportunity for youth 4 – 19 years of age to play Canada's national sport.
MEMBER OF THE ONTARIO MINOR HOCKEY ASSOCIATION



HOCKEY 4 ALL **Port Perry Minor Hockey Financial Assistance Program**

Section 1: APPLICATION INFORMATION (Child/Youth)

Name: _____ Birth Date (dd/mm/yy): _____
Gender: _____ Age: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Tel: () _____ email: _____

Section 2: REQUEST FOR FUNDING

I would like to request the following funding:

Amount Applied For: _____ \$ or Max \$ Available (Please indicate)

Section 3: ENDORSEMENT

Parent / Guardian / Other

Please indicate relationship to applicant: _____

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: () _____ email: _____

I certify my submission of the above child/youth and verify that all information given is correct and can be substantiated

Signature of Adult: _____ Date: _____

Port Perry Minor Hockey and its members will respect the confidentiality of all applicants