

CONCESSION APPLICATION

OFFICE USE ONLY

CONCESSION NO.:	APPROVED:
DATE REC'D: _____	DENIED: _____
RECEIPT NO.: _____	TABLED: _____
	(or more information required)
CC: _____	SIGNATURE: _____

NOTE: PLEASE USE A SEPARATE FORM FOR EACH INDIVIDUAL AND A FEE OF \$50.00 FOR EACH APPLICATION.

All concession requests must be accompanied by a \$50.00, non-refundable fee. This concession is being requested to **Regulation #** _____.

BY: _____

ADDRESS: _____

TELEPHONE: (RES) _____ (BUS) _____

E-MAIL ADDRESS: _____

Method of payment: Circle: Cheque Cash Visa Master Card

Card # _____ - _____ - _____ - _____ exp: ____/____

Please note that we do NOT accept Visa Debit cards or American Express

REASON FOR REQUEST (PLEASE ATTACH ALL SUPPORTING DOCUMENTS).

WHEN THE REQUEST IS FOR A PLAYER THE REVERSE SIDE MUST BE COMPLETED.

PLAYERS NAME: _____

ADDRESS: _____

TEAM LAST PLAYED FOR: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

HAS A RELEASE BEEN OBTAINED FROM THE LOCAL HOCKEY ASSOCIATION?
IF "YES" PLEASE ATTACH RELEASE.

YES NO

HAS A CONCESSION BEEN REQUESTED IN THE PAST?

YES NO

ASSOCIATION AND TEAM THAT THE PLAYER WISHES TO REGISTER WITH?

DOES THE ASSOCIATION, THE PLAYER WISHES TO REGISTER WITH, SUPPORT THE REQUEST?

YES NO

SIGNED BY: _____
(PRESIDENT OF ASSOCIATION)

DATE: _____ TELEPHONE: _____

NOTE: CONCESSION, IF APPROVED, IS FOR THE 2024-25 SEASON ONLY