



ICOP HOCKEY OFFICIALS REBATE APPLICATION

CLINIC INFORMATION

Clinic Type	
Sport	Hockey
Date (mm/dd/yy)	
Location	
Clinic Instructor	

PARTICIPANT INFORMATION

First Name		Last Name		Middle Initial	
Date of Birth (mm/dd/yy)					
Address					
City/Community		Postal Code			
Primary Phone		Email			

PARTICIPATION INFORMATION

#	Age Category	Association/League	Name of Assignor	Assignor Contact Info
1				
2				
3				
4				
5				
6				
7				

Please indicate the total of your Hockey Saskatchewan Officiating Registration Fees Paid during the Hockey Season:

Amount (\$)	
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Please return forms to:

Randi Keshane - Coaching and Officials Development Coordinator
 510 Cynthia Street, Saskatoon, SK S7L 7K7 | rkeshane@sasksport.ca

Voluntary Self-Identification

Providing a response to the following statements below is voluntary. Information provided will assist Sask Sport with determining eligibility and will be used in follow-up reporting. All information will be kept confidential and will not be used or shared outside of our organization.

Choose the gender that you identify with:

Male Female Non-Binary Two-Spirit Self-describe: _____

Please identify your heritage: First Nations Métis Inuit Self-describe: _____

Treaty Number		First Nation	
Métis Number		Métis Local	

Check here if you would like to be added to an email list to receive information on upcoming workshops and other Coach Professional Development opportunities.

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