

Please complete and submit this Transfer Form, along with all applicable support documentation, to the registrar of the minor hockey Member Partner to which the player is moving (i.e. Alliance, GTHL, OMHA, NOHA).

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CITIZENSHIP:		BIRTHDATE	:: <u>/</u>	/	<u></u>
	ESS:			M	Y
CITY:	POSTAL CODE:	TEL#:			
CONTACT EMAIL ADD	RESS:			_	
DATE OF OCCUPANC	Y AT NEW ADDRESS:				
PLAYER MOVING WIT	H PARENTS: YES 🗌 NO 🗌 If no,	please include explanation.			
PROPOSED NEW CLU	B/ASSOCIATION:				
AGE DIVISION & CATE	GORY (e.g. Atom AA):				
NEW MEMBER PARTN	IER: ALLIANCE 🗌 GTHL 🗌 NOHA				
PLAYER'S NEW SCHO	OL:	NEW SCHOOL TEL#:			
PLAYER'S FORMER A	DDRESS:				
CITY:	POSTAL CODE:	TEL#:			
PLAYER'S FORMER S	CHOOL:FOI	RMER SCHOOL TEL#:			
PLAYER'S FORMER C	LUB:				
FORMER ASSOCIATIO	GORY (e.g. Atom AA):				
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The Ontario Hockey Federation is committed to respecting and protecting the privacy of our Member Partners, their Associations, individual members, their families and our employees. The information collected on this form will be used for the sole purpose of administering the Rules, Regulations and By Laws of the OHF and/or for the purpose of registering the individual in the program for which they have enrolled and may be used to provide them with the information necessary for participation. Form Updated: March 2016