



## **MMHA House League Assistance Fund Application Form**

Name: Parent/Guardian Name:

Player Name:

Address:

City:

Postal Code:

Phone (H):

Phone (C):

E-mail:

Player Birth Date (MM/DD/YYYY)

House League Age Group:

Signature of Parent/Guardian:

Date:

### **Documents to include in your application:**

- ☐ Completed application form
- ☐ Statement from player or parent / guardian attesting to financial need and why the child / youth wants to play hockey
- ☐ Proof of total household income [2024 CRA Notice of Assessment for parent(s)]

Email subject: "House League Assistance Fund" and "Player Name" in message header.

Email to: [vpfinance@miltonwinterhawks.com](mailto:vpfinance@miltonwinterhawks.com)