



Designed to help your child fall in love with hockey!

2021/22 PARTICIPANT APPLICATION FORM

For children born in 2014,2015,2016,2017

Participant General Information

Participant Name: _____

Date of Birth: _____

Gender: Male Female

BC Medical Number: _____

Has your child been previously registered in minor hockey? Yes No

Parent/Guardian Information

Parent Name: _____

Relationship to Participant: Father Mother Guardian

Phone Number: _____

Email: _____

Address: _____

City: _____

Postal Code _____

Please email completed form to Rick Hopper: prmhaDOP@gmail.com

Note: PRMHA reserves the right to select First Shift participants. You will be notified if you have been selected into the program. The program fee of \$99 will be due upon acceptance.

Inquiries should be directed to Rick Hopper, prmhaDOP@gmail.com or call (604) 223-4235.

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