



Please submit this Request to the Club Office
475 A Cosburn Avenue, Toronto, M4J 2N6

Financial Assistance – Player Registration Fee

Request Date: _____

Name of Parent/Guardian: _____

Amount Requested: _____

Player Name: _____

Date of Birth: _____

Gender: _____

Program Registration: (select one)

Rep/Elite House League

Reason for Request:

(Please attach a separate document if space is needed to explain and provide more information you feel will assist in any Decision to be rendered by the Club). (Please attach applicable supporting documents)

Parent/Guardian:

Signature: _____ Tel: _____

Email: _____

For Office Use:	
Approved by:	
Position:	
Signature:	