



“LINDSAY’S KIDS” MINOR HOCKEY/RINGETTE SPONSORSHIP APPLICATION

Player’s name _____

Date of birth _____

Parent/guardian me(s) _____

Address _____

Phone no. _____ Postal code _____

Rural land description (if applicable) LSD _____ Sec _____ Twp _____ Range _____ W5Mer _____

Previous hockey experience _____

Previous skating experience _____

Program (check one) Cochrane Minor Hockey ___ Cochrane Ringette ___ Cochrane Rec. Hockey ___

Age level _____

****Please attach a 100-200 word essay written by the player on “Why I love to play hockey.”**

*****Please attach a copy of previous year’s tax return for parent(s)/guardian(s) and/or other documents pertaining to financial need.**

Forms must be complete and handed in to the Family Resource Network (part of FCSS) office 10 days before the registration deadline for your chosen program. The office is located at 127 First Avenue West in Cochrane. Inquiries regarding the “Lindsay’s Kids” program should be made to FRN at 403-851-2265. Successful applicants will be notified one week before program deadline.

I/we understand that a successful application for sponsorship by the Lindsay Leigh Kimmett Memorial Foundation still requires application to and acceptance by the Cochrane Minor Hockey Association, The Cochrane Recreational Hockey League, or Cochrane Ringette. I/we also understand the only funds provided by the Foundation will be used for direct payment of registration. I/we understand any additional costs example: transportation, supplies, equipment, etc. are my/our responsibility. I/we understand the sponsorship program is only available once per child.

Parent/guardian name(s) Signature(s)

Date _____ Witness name / signature _____

Essay attached _____

Financials attached _____