

**WEST LORNE MINOR HOCKEY  
APPLICATION FOR FINANCIAL ASSISTANCE**

*Information contained in this application is to be used strictly by the West Lorne Minor Hockey Subsidy Committee to determine eligibility and the level of assistance.  
Details regarding your application are kept confidential.*

Please complete fully

(PLEASE COMPLETE ONLINE OR PRINT LEGIBLY)

Name of Player \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address (including postal code) \_\_\_\_\_

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Date of Birth \_\_\_\_\_

Address (including postal code) \_\_\_\_\_

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Name of Player \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address (including postal code) \_\_\_\_\_

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Name of Parent/Guardian \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

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Are you receiving any funding through any other group? **YES**  **NO**

Have you received funding through WLMH in the past? **YES**  **NO**

If Yes, please provide year(s) \_\_\_\_\_

Would you be willing to volunteer for any additional events or activities? **YES**  **NO**

***Due to the limited amount of funds available, financial assistance will be determined by the greatest need and the number of applications received.***

*NOTE: Financial assistance covers registration costs only (in whole or in part). Fundraising book of tickets MUST be purchased separately by all to a maximum of 2 books/family*

