



REQUEST FOR ASSISTANCE

PLAYER'S NAME: _____

DATE OF BIRTH: _____

PARENTS' NAMES: _____

ADDRESS: _____

PHONE NUMBER: _____

FAMILY SITUATION

Please provide a brief explanation of why you are requesting assistance and attach any supporting documentation.

Amount of assistance required:

Registration fee for this season (not including the \$100 fundraising fee): _____

Please indicate the amount you are able to pay: _____

All requests are to be received by TNT Minor Hockey no later than October 1 of the current playing season.

Please list the name and phone number of someone who can confirm the need for assistance requested:
