



BRANTFORD HOCKEY MOMS FUNDING APPLICATION FORM

A Committee of the Brantford Minor Hockey Association

DATE: _____ Please Print Clearly

NAME (participant): _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: _____ BIRTHDATE (DD/MM/YY): ____/____/____ Male ___ Female ___

EMAIL ADDRESS: _____

DIVISION: _____ IS THE REQUEST FOR REGISTRATION FEES: _____

EQUIPMENT NEEDS: _____ REPRESENTATIVE FEES: _____ (Please check what applies)

AMOUNT APPLYING FOR \$ _____

HAVE YOU APPLIED FOR AND/OR RECEIVING FUNDING FROM ANOTHER ORGANIZATION: YES _____ NO _____

If yes, please identify: _____

APPLICANT (parent/guardian) : _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: _____ WORK PHONE: _____ OTHER _____

Number of Adults Living in the Household: ___ Number of Children Living in the Household ___

REASON FOR THE APPLICATION _____

Family Eligibility Threshold (Gross Household Income): A verification of the family's financial situation **MUST** be attached before the application may be considered. A copy of the recent tax year's personal income tax Notice of Assessment and two current pay stubs **MUST** be attached for **ALL** adults living in the home.

Family Income: _____

Note that the filing of an application with Brantford Hockey Moms in no way implies that you are automatically approved for funding and/or equipment, and that such funding and/or supply of equipment is ultimately at the sole discretion of Brantford Hockey Moms, without the requirement for any reason or justification.

ENDORSEMENT: If an endorsement letter is required, a separate request will be made on behalf of the Brantford Hockey Moms Approval Committee.

DISCLAIMER:

Brantford Hockey Moms is a part of and administered by the Brantford Minor Hockey Association. This application and all information received from the applicant may form part of the minutes and records of the Brantford Minor Hockey Association, which may be subject to review by the public. No information supplied can be considered as confidential and the applicant expressly consents to the release of information by the Brantford Minor Hockey Association regarding applications received, decisions made and other matters relating to the granting process. All applicants hereby agree that the decisions made by the Brantford Hockey Moms Approval Committee (a committee of the Brantford Minor Hockey Association) are discretionary, final and subject to any review or appeal. Absolutely no assurances can be implied in any way whatsoever, and the approval process can exceed 4 weeks.

The applicant understands and hereby agrees that the Committee members of the Brantford Hockey Moms and the Brantford Minor Hockey Association are in no way responsible or liable for any injury to person or damage to property caused by, arising from, in connection with or in any way associated with the use of the equipment supplied by Brantford Hockey Moms. No warranty or representation is made as to the suitability or safety of any equipment supplied by Brantford Hockey Moms, and the applicant assumes all risk of any such injury to person or damage to property.

The applicant hereby ensures that the child applying for the funding meets all commitments to the team.

The applicant understands that the Brantford Hockey Moms Approval Committee may require further information that it thinks is necessary to support this application, and that failure to supply such information could prejudice his or her chances of success.

The applicant acknowledges having completed this application in full. **(Note: Incomplete applications will not be processed and may be returned, without notice to you.)**

I have completely read and understood all application instructions and guidelines, and certify that all information provided, including attachments, are correct and can be independently verified.

Signature of Parent/Guardian: _____

Completed forms are to be returned in a sealed envelope to:

Brantford Hockey Moms

c/o Brantford Minor Hockey Association

254 North Park Street, Brantford, Ont. N3R 4L1

Attention: Approval Committee

FOR COMMITTEE USE:

COMMITTEE DECISION: APPROVED: _____ DENIED: _____

PREVIOUSLY FUNDED: \$ _____ DIVISION _____ AMOUNT: \$ _____

CURRENT FUNDING AMOUNT \$ _____ TOTAL TO DATE \$ _____

APPLICANT NOTIFIED BY: PHONE ___/___/___ LETTER ___/___/___ IN PERSON ___/___/___

COMMITTEE SIGNATURES _____

COMMENTS: _____
