**COMPLETE APPLICATION FORM BELOW AND SEND TO CLINIC CONTACT WITH PAYMENT BY SUBMISSION DATE.**

**INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT CLEARLY:**

DATE OF CLINIC: LOCATION: SUBMIT APPLICATION &

FEES BY:

**SAT., OCT. 19, 2019 ZURICH OCTOBER 12, 2019**

(Zurich Arena, 15 East Street, ZURICH, ON N0M 2T0) 519-236-4969

Clinic Hosted by: Goderich Minor Hockey

CONTACT: Hailey Stoll 519-440-0311 [specialevents@goderichminorhockey.ca](mailto:specialevents@goderichminorhockey.ca)

Can be paid by e-transfer to [treasurer@goderichminorhockey.ca](mailto:treasurer@goderichminorhockey.ca)

**SAT., OCT. 26, 2019 LISTOWEL OCTOBER 19, 2019**

(Steve Kerr Memorial Complex, 965 Binning Street West, LISTOWEL, ON N4W 0G6

519-291-4875

Clinic Hosted by: Listowel Minor Hockey

CONTACT: Trevor Angel 519-492-0712 [trevor\_angel@listech.on.ca](mailto:trevor_angel@listech.on.ca)

Can be paid by cheque to Listowel Minor Hockey.

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(RURAL) 911 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OR LOT: \_\_\_\_\_ CONC.: \_\_\_\_\_ TWSP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS ADDRESS (IF MOVED IN THE LAST 5 YRS):**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAY/MONTH/YEAR**

**\*PLEASE INDICATE ANY FOOD ALLERGIES:**

**PRIVACY POLICY: “OPT-OUT” PROVISION:**

The W.O.A.A. does not sell, trade or otherwise share the information we collect outside our association, however we may from time to time use the information for the purposes of offering additional services, promotions, including promotions offered by third parties. This type of usage of personal information by the W.O.A.A., its teams, leagues and/or programs is entirely at your discretion, should you choose NOT to allow this type of usage, please check the OPT-OUT box.

NOTE: By checking the OPT-OUT box above, your personal information WILL NOT be distributed outside our association.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_