

Oahe Hockey Association 2018/2019 Financial Assistance Application

Thanks to the generosity of the Godfrey Roberts Hockey Memorial, the Oahe Hockey Association is able to provide financial assistance for registration and equipment rental fees. To apply for financial assistance, complete this form and email it to: lsgordon4@gmail.com or k9miller@gmail.com

Requests for MiniMites and Mites must be received by November 30. Requests for all other levels must be received by October 31. All requests and awards are confidential. Assistance is limited to a single request per player per season.

Parent/Guardian/Applicant Name:	
Mailing Address:	
Phone number:	Email address:
Player Name:	
Player Age:	Player Grade:
Player Level (check one):	
☐ MiniMite ☐ Mite ☐ Squirt ☐ Po	eeWee □ Bantam □ Girls JV/V □ Boys JV/V
Financial Assistance Requested for (check a	Ill that apply):
☐ OHA Registration Fee	
☐ OHA Equipment Rental Fee (availab	e only for MiniMite, Mite, Squirt, and 1 st year Girls
players)	
Assistance Payment Type (check all that appl	y, selections can be made in both categories):
Reimbursement for fees paid by applican	t:
☐ OHA Registration Fee	☐ OHA Equipment Rental
Direct payment to OHA for fees not paid	by applicant:
□ OHA Registration Fee	□ OHA Equipment Rental
Note: OHA cannot direct pay USA Hockey req parent/guardian/applicant who must complete	istration fees. Financial assistance can only be paid to the the USA Hockey registration and payment.
	financial assistance is granted, I must still fulfill all requirement nd fundraising requirements, pursuant to OHA policies.
Parent/Guardian/Applicant Signature	Date:
Plaver Signature	Date: