

McKenzie County Hockey Club Player Support Fund Application

Please clearly complete the following information. If the form is incomplete, inaccurate, illegible, or not signed it will not be considered. Please email the completed form the mchcbod@wcoilers.com or turn into any board member before the deadline. Once submitted, the application will be reviewed and decided upon by the Board of Directors. All information is kept confidential. The Fund amount will vary from year to year. There is no guarantee that financial assistance will be provided by the completion of this application. Awarded funds may vary depending on the availability of funds and individual circumstances. Please refer to the Player Support Fund criteria listed in the MCHC Handbook for more information.

[illegible]

I hereby certify that everything I have stated in this application is correct and to the best of my knowledge. I understand that MCHC will retain this application and all additional documents submitted as part of this application. I understand that should any information submitted be found to be deliberate misrepresentation, it may disqualify me for the funding.

Parent/Guardian 1 Signature

Date _____

Parent/Guardian 2 Signature

Date _____