

Hockey Canada
Suite N204
801 King Edward Avenue
Ottawa, Ontario
K1N 6N5

To Whom It May Concern;

We, _____, the parents/legal guardians of
(Parents/legal guardian names)

_____ request unlimited transfer and your permission
(Players Name)

to register with and play minor hockey for **Vancouver Female Ice Hockey Association**
(Name of Minor Hockey Association)

We are permanent residents of _____ and have provided proof of
residency. (City/Province)

Thank you for considering our request.

(Parent/Legal Guardian Signature)

Date: _____