



ODMHA District One Confirmation of Home Association Registration



Please allow this form to serve as confirmation that

Player's Name: _____

Signature of Player: _____

Date: _____

has registered and informed his/her Home Association within ODMHA District One of the intention to tryout for the Upper Canada AAA Cyclones and/or The Rideau St. Lawrence Kings Minor Hockey Association as per Agreement/Requirement with ODMHA District One for the 2007/2008 season.

Home Association: _____

Home Association President/Designate: _____

Signature of Home Association President/Designate: _____

Date: _____

N.B.* this signed document must be brought to the first tryout session or the player will not be permitted on the ice.

