

## Dream to Be Application

Date: \_\_\_\_\_

Full Name of Child:

Child's Birth Date (dd/mm/yr): \_\_\_\_\_

Full Name of Parent/Guardian:

Street Address:

City:

Postal Code:

Mailing Address (if different than above):

Home Phone #:

Cell Phone #:

Is your child between the ages of 4-10 years old? \_\_\_\_\_

Are you currently employed, if so where? \_\_\_\_\_

Do you have the financial means to be able to register your child in hockey on your own? \_\_\_\_\_

If the team participates in a tournament would you and your child be willing & able to participate? \_\_\_\_\_

Has the child ever registered to play hockey? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please indicate with an "x")

How did you hear of Dream to Be? \_\_\_\_\_

### **Additional Requirements:**

Parent or guardian must attach a letter no longer than one page stating why they want their child to become involved in the sport of hockey. This letter should outline the willingness of the parent or guardian to ensure that their child is able to attend the majority of team functions as well as the desire of the child and reasons why the child wants to become involved in hockey.

### **Please Note:**

If the child is chosen, the parent or guardian will be required to sign a photo waiver form as we may take photos for the Dream to Be website and social media.

Submitted incomplete applications will not be considered for the award of one-year of registration fees in the Sudbury Girls Hockey Association House League program and complete outfitting of equipment.

Applicants may be required to meet with Dream to Be representatives prior to being selected to receive an award.

**For those who require assistance completing the application, please email [dreamtobehockey@gmail.com](mailto:dreamtobehockey@gmail.com). Additional arrangements can be made (ie. phone interview or in person).**

**Please send application and all supporting documents to:**

**[dreamtobehockey@gmail.com](mailto:dreamtobehockey@gmail.com)**