**Dream to Be Application – 2025/2026 Hockey Season**

**Child Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age as of Sept 1, 2025: \_\_\_\_\_\_\_\_

Shirt Size (Youth or Adult): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever registered to play hockey? ☐ Yes ☐ No

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian #1 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed? ☐ Yes ☐ No — If yes, employer & status (FT/PT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Full Name (if applicable): \_\_\_\_\_\_\_\_\_\_

Employed? ☐ Yes ☐ No — If yes, employer & status (FT/PT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility & Commitment**

Is your child between ages 4–10? ☐ Yes ☐ No

Do you have the financial means to register your child in hockey without this sponsorship?

☐ Yes ☐ No

Please briefly describe your current financial situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the team participates in a tournament, will your child be able to attend? ☐ Yes ☐ No

Do you have a vehicle for transportation to/from practices and games? ☐ Yes ☐ No

Does your child participate in other sports (organized or school)? ☐ Yes ☐ No — If yes, which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical conditions or injuries we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accessibility or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Letter (Mandatory)**

Please attach a one-page letter explaining:

* Why you want your child to play hockey
* Your commitment to ensuring regular attendance
* Your child’s interest in hockey

**Child’s Perspective (Optional but Encouraged)**

In a few sentences, please have your child share why they want to play hockey.

**Consent & Agreement**

By signing below, I/we agree that:

•My/our child will participate in the full hockey season unless extenuating circumstances arise

•All provided equipment belongs to Dream to Be and must be returned if the child withdraws

•I/we will ensure transportation to and from games and practices

•I/we consent to photographs and/or stories being used by Dream to Be for promotional purposes

•I/we will provide regular updates to Dream to Be, including photos and/or stories, about my/our child’s hockey season.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions**

Email completed application, letter, and any supporting documents to dreamtobehockey@gmail.com

•Deadline: August 31, 2025

•For assistance completing this form, email us or request a phone interview

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.

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

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

**COMPLETED APPLICATIONS DUE AUGUST 31ST, 2025!**