



***FLIN FLON MINOR HOCKEY  
UNDERAGE PLAYER APPLICATION***

**\*\*\*All applications must be approved by FFMH\*\*\***

**Date:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Home Ph.** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Division wishing to play:** \_\_\_\_\_

**All players will be required to start in their appropriate age division. They will then be evaluated by the Coaches and Division Co-ordinators.**

**Applications may be emailed to the registrar at [kylar@mts.net](mailto:kylar@mts.net) or mailed to:**

**Registrar  
FFMH  
Box 862  
Flin Flon, Mb  
R8A 1N6**

**Request: Approved/Denied**