APPLICATION FOR GENERAL FUNDING ASSISTANCE

PLEASE READ ALL INSTRUCTIONS CAREFULLY

RMHA makes every effort to assist families that require financial assistance to help offset the cost of registration. *PLEASE NOTE THAT ALL REGISTRANTS ARE REQUIRED TO PAY \$260 FEE.* Payment options are included at the bottom of this form.

If you are intending to apply for financial aid please identify the source of your funding including proof of application.

NOTE : P2P applications must use the P2P fo	rm only.	
ensure a spot for the upcoming season. Acc	ce are still required to pay a fee of \$260 per pla eptable methods of payment are CASH, e-Trans layer is responsible for paying the balance owed	sfer, or CREDIT CARD ONLY. If the
If paying by Credit Card please provide the f	following information:	
Full name on Card:		
Visa or Mastercard (check one)		
Card Number:	Expiry Date:	Security Code:
Email address:	(mandatory)	
Name of registered Player(s):		
Date of Birth of Registered Player:		
Full Address of Registered Player: (NOTE : if New Player Registration form)	you are transferring from another hockey assoc	ciation you must also submit the
STREET Address:		
City / Prov:	Postal Code:	
Phone Number:		
Mothers Name:	Fathers Name:	
NOTE : if paying by CASH please email the re	egistrar to make arrangements for drop-off of pa	ayment

NOTE: if paying via e-transfer please email this form to registrar@riversideminorhockey.ca and send payment to finance@riversideminorhockey.ca

(registrar@riversideminorhockey.ca)