Hockey Canada

Suite N204

801 King Edward Avenue

Ottawa, Ontario

K1N 6N5

To Whom It May Concern;

We,, the parents/legal guardians of

 (Parents/legal guardian names)

 request limited transfer and your permission(Players Name)

to register with and play minor hockey for **.** (Name of Minor Hockey Association)

While we are residing in and have provided proof of residency. (City/Province)

Thank you for considering our request.

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(Parent/Legal Guardian Signature)

Date:.