

Change of Residency

To Whom It May Concern,	
1	have mayed from :
(Parent's Nam	have moved from :
Address:	City:
(former mailing address) Province:	Postal Code:
Region:	
To:	
Address:(present mailing address)	City:
Province:	Postal Code:
Home Phone:	Region:
With my son/daughter	
who played with	(Player's name and birth date)
last season.	(Minor Hockey Association)
	Date:
F	Parent's Signature:

(PLEASE INCLUDE A PHOTOCOPY OF THE PLAYER'S BIRTH CERTIFICATE)