

Change of Residency

To Whom It May Concern*,	
·	have moved from :
(Parent's	s Name)
Address:	City:
(former mailing	address)Postal Code:
Region:	
Го:	
Address:	
(present mailing addre Province:	ess) Postal Code:
Home Phone:	Email:
Region:	
With my son/daughter	
who played with	(Player's name and birth date)
ast season.	(Minor Hockey Association)
	Date:
	Parent's Signature:

*Once this form is completed it should be submitted to the Registrar of the NEW Minor Hockey Association.