

Change of Residency

	have moved from :
(Pa	have moved from : arent's Name)
Address:	City:
(former ma Province:	City: ailing address) Postal Code:
Region:	
Го:	
Address:	City:
(present mailing province:	address) 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. **DO NOT** submit to the Hockey Manitoba office.