



APPLICATION FOR SHINNY HOCKEY

SHINNY

Group Name: _____ Number of Players: _____

Start Date: _____ End Date: _____

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc):

PRIMARY CONTACT

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ Alternate Phone: _____

Prov: _____ Postal Code: _____

SECONDARY CONTACT (if applicable)

Name: _____ Email: _____

Phone: _____ Alternate Phone: _____

PAYMENT METHOD:	<input type="checkbox"/> Cheque/Money Order enclosed (payable to iPlayHockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> Payment via Online Banking	
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	Expiry Date _____
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____



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