



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)	
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	PAYMENT AMOUNT _____
	<input type="checkbox"/> Payment via Online Banking	Expiry Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____



Suite 600, 1420 Blair Place, Ottawa, ON K1J 9L8
Tel: (613) 745-1352 / 1-888-361-1352 • Fax: (613) 244-3755