

SASKATOON MINOR HOCKEY ASSOCIATION MEMORIAL CUP LEGACY FUND REFERRAL FORM

Please complete the below information and forward a copy to Garrett Mathiason at gmathiason@sasksport.ca.
If you have any questions, please contact Garrett at 306.220.6699.

Child Name		Age		Date of Birth	
Parent Name		Phone			
Team Manager Name		Phone			
Coaches Name		Phone			
Team Name		Zone			
Supports Required					
Team Fees - <i>All unused team fees will be returned to Sask Sport and deposited back into the Legacy Fund.</i>					
Equipment					
Transportation - <i>Taxi service only. Car-pooling is encouraged. Gas, gas receipts, gas cards are not supported.</i>					
Rationale for Support					
Make Cheque Payable to:					
Mailing Address					

PLEASE NOTE: Payments will only be made to the team of the player.
Payments will not be made payable to an individual, no exceptions.

Coach or Team Manager Signature

Date



*Proudly supported by the Memorial Cup Legacy Funds
and Hockey Canada Foundation*