



2020 REQUEST FORM TO ATTEND T1 TRYOUTS

(FOR PLAYERS WHO DO NOT RESIDE WITHIN A 'HOST MHA' DRAW ZONE ONLY)

NOTE: *Out of Draw Zone players wishing to attend just a 'T1 MHA' Tryout MUST submit both pages of this request form to their respective T1 Host MHA along with any applicable fees by the DEADLINE OF: Aug 1st, 2020 (Mail & Drop off Info for each 'Host T1 MHA' is listed on Page 2)

PART 1 of 2 - PLAYER INFORMATION SECTION

This section must be completed by the Player, Parent/Guardian

Players Name: _____ Date of Birth: DD: _____ MM: _____ YYYY: _____

Home Address: _____

Postal Code: _____ Parent Email/s: _____

Parent Phone #/s: _____

I am currently registered with _____ Minor Hockey Association.

WHO IS MY 'T1 HOST MHA' ?:

- Interested North-Island Players from Tri-Port MHA, Gold River MHA, Campbell River MHA & Powell River MHA will attend Comox Valley MHA T1 Tryouts
Interested Mid-Island Players from Oceanside MHA, Alberni Valley MHA, Lake Cowichan MHA & Cowichan Valley MHA will attend Nanaimo MHA T1 tryouts
Interested South-Island Players from Sooke MHA and Kerry Park MHA will attend T1 CDR West Tryouts with JDF
Interested South-Island Players from Peninsula MHA will attend CDR East Tryouts with VRC
Victoria & ex-Saanich players will of course just attend Victoria MHA tryouts

Note If a player is not successful in making a T1 MHA Host Team they will need to return to their original MHA.

I am requesting to attend the following T1 Host MHA Team Tryout Camp: (Tick one only):

Table with 5 columns: NORTH ISLAND (Host - Comox MHA), MID-ISLAND (Host - Nanaimo MHA), CRD West (Host - JDF MHA), CRD East (Host - VRC MHA), CRD Mid (Victoria MHA & ex-Saanich). Rows include Midget, Bantam, and Pee Wee with checkboxes.

Team and Division Last Season: _____

Preferred Position: _____ Shoot: Right [] Left []

Allergies or medical conditions that staff need to be aware of: None or _____

WHEN: Stay in contact the T1 Host MHA regarding the time & dates of their Evaluation Camps. *Please be understanding while they do their best to navigate through current COVID - 19 Pandemic restrictions

T1 Host MHA's are unable to accept nor transfer players with incomplete requests - Be sure to include 2nd page & Fee too.....



PART 2 of 2 - PARENT INFORMATION SECTION

This section must be completed by the Parent/Guardian

Mothers Name: _____

Fathers Name: _____

Or Guardians Name: _____

Contact Info: (if other than above): _____

Permission from Parent or Guardian: By my signature, I give permission for my Son/Daughter to participate in T1 evaluations outside of his/her regular MHA. I also understand that should my child not be successful in making the T1 Host MHA Team, their Transfer will be rejected and they will be returned to their original Home MHA.

(Parent/Guardians Signature)

(Date)

COST: \$125.00 Tryout Fee
***NSF Charges as per the T1 Host MHA**

MAIL OR DROP-OFF COMPLETED REQUEST FROM & FEE TO THE PLAYERS
APPLICABLE 'T1 HOST MHA' AT:

North Island Players send to Comox MHA PO Box 3226, Courtenay, BC V9N 5N4
(or drop off at Happy's Source for Sports 256-6th Street Courtenay) To contact the Registrar please email simonmorgan360@gmail.com or call 250-702-5259

Mid Island Players send to Nanaimo MHA PO: Box 562, Nanaimo, BC V9R 5L9
(or drop off at the Nanaimo Ice Centre, 750 Third Street – left back side of building - check website for hours) they will also accept emailed forms and e-transfers for the fee to nanaimomha@shaw.ca or call 250-754-5010

CRD West Players send to Juan de Fuca MHA: Mail to 1767 Island Highway, Victoria, BC V9B 1J1 or email jdfmha-office@shaw.ca or registrar@jdfminorhockey.com
(or drop off at JDF Office in the JDF Arena lobby/Westshore Parks & Rec Office – check website for hours & more info or call 250-590-6153)

Victoria & ex-Saanich players will register with Victoria MHA Call 250-891-7062 or email vmharegistrar@gmail.com

CRD East Players send to Victoria Racquet Club MHA PO Box 31107 #314 – 3980 Shelbourne Street Victoria BC V8N 6J3
(or contact the Registrar for the best drop-off location at vrcregistrar@gmail.com or call 250-857-1239)

Once all is received the T1 Host MHA can then proceed with initiating a transfer which is necessary before participating and for insurance reasons

FOR T1 HOST MHA OFFICE USE ONLY:

DATE RECEIVED _____ PAYMENT STATUS: _____

**Form Revised on July 6th, 2020*