

Hockey Canada  
Suite N204  
801 King Edward Avenue  
Ottawa, Ontario  
K1N 6N5

To Whom It May Concern;

We, \_\_\_\_\_, the parents/legal guardians of  
(Parents/legal guardian names)

\_\_\_\_\_ request limited transfer and your permission  
(Players Name)

to register with and play minor hockey for \_\_\_\_\_.  
(Name of Minor Hockey Association)

While we are residing in \_\_\_\_\_ and have provided proof of  
residency. (City/Province)

Thank you for considering our request.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

Date: \_\_\_\_\_.