

**Rosthern Recreation and Community Development:
The Hockey Experience
Equipment Kit Application Form**

Applicant's name: _____

Birth Date (m/d/y): _____

Age: _____

Male Female

Parent/Guardian's name: (Print) _____ (Sign) _____

Tel (H): _____

Tel (W): _____

Mailing Address: _____ Email: _____

Check the amount that best indicates the combined gross annual income of your household:

Under \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 over \$40,000

Single income family Dual income family

Number of Dependents in household: _____

Please attach last year's income tax statement to this application form, if you did not submit an income tax form, please provide record of wages earned

Please use the space below to explain your situation and why you are requesting a Hockey Experience Equipment Kit. (Information you provide is confidential and will be used to help determine which applicants are most in need of the Hockey Experience Kits.)

If more room needed please attach info to this sheet, or use the back side of this form

For office use only:

Date application received: _____

Equipment Signed out: _____

Equipment Approved: Y/N

Equipment Returned: _____