

# Application Form

## Central Ontario Jr. "A" Development

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(Please Print Clearly)

Please check desired program

Program: #1\_\_\_ #2\_\_\_ #3\_\_\_ #4\_\_\_

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Level: AAA\_\_\_ AA\_\_\_ Jr. A\_\_\_  
OHL\_\_\_ Pro\_\_\_

City/Town: \_\_\_\_\_

Shoots: Right\_\_\_ Left:\_\_\_

Province/State: \_\_\_\_\_

Position: \_\_\_\_\_

Country: \_\_\_\_\_

PC: \_\_\_\_\_

**Emergency Contact Info:**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Business #: \_\_\_\_\_

Height: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Weight: \_\_\_\_\_

**Make cheque payable to:**  
**Paul MacLean**  
185 Riverview Street Oakville Ont L6L- 5s3.  
**905-827-7754**  
[paulhockeycamp@cogeco.ca](mailto:paulhockeycamp@cogeco.ca)