



WINDSOR MINOR HOCKEY ASSOCIATION

Personal Information Sheet

*All fields must be completed
If there is no information for that field enter n/a.*

| | |
|-----------------------|--|
| Surname Name | |
| Given Name | |
| Middle Name | |
| Address | |
| City | |
| Postal Code | |
| Phone-Home | |
| Phone-Fax | |
| Phone-Cell | |
| Phone-Work | |
| D.O.B. | |
| Gender | |
| E-Mail Address | |



WINDSOR MINOR HOCKEY ASSOCIATION

Personal Information Sheet

*All fields must be completed
If there is no information for that field enter n/a.*

| | |
|-----------------------------------|--|
| OMHA Chip # | |
| OMHA NCCP # | |
| Orientation Date | |
| Police Clearance Completed | |
| OMHA Prevention Services | |
| OMHA NTCP # | |
| Division, Tier, Team # | |