



APPLICATION FOR HELP

Child's Name: _____ Age: _____ Gender: _____

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Child's Name: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's name(s): _____

Phone Number: _____

Email: _____

Please tell us why you are in need of help from Hockey Moms USA.

EQUIPMENT: (Please check what equipment is needed and size)

- Shoulder pads _____
- Shin guards _____
- Elbow pads _____
- Gloves _____
- Breezers _____
- Helmet/Cage Combo _____
- Garter/Jock Combo _____
- Jills (girls) _____
- Neck Protector _____
- Skates _____
- Mouth Guard _____
- Jersey _____
- Socks _____
- Stick: Left-handed or Right-handed
- Bag _____

We are able to provide some camp spots for kids during the summer months. Please let us know if you would like to be placed on the list . Please circle yes or no and we will contact you in early spring to confirm.

YES or NO

Hockey Moms USA is also able to help with registration fees. Please indicate your need for help in this area.

Please mail this form to: Hockey Moms USA, PO BOX 270681, St. Paul, MN 55127. Any questions, please call 651-333-0379.

Upon review of your application we will contact you regarding your eligibility.