

Request for Information Form

Applicant

Last Name: _____ First Name: _____
Address: _____
City: _____ Postal Code: _____
Phone #: _____ Main E-mail: _____

Information Requested

Division (check all that apply)

U9 (Bunny) U10 (Novice) U12 (Petite) U14 (Tween) U16 (Junior) U19 (Belle) 18+ (Open)

Player's Information

First Name Last Name Address Phone Number Parent(s) name

Reason for Request

- If approved, any player information provided by the Regina Ringette Association shall be kept confidential and shall not be distributed by the applicant.
- Player information provided to an applicant by the Regina Ringette Association shall only be used by the applicant for approved purpose(s) and must be kept secure and disposed of in a reasonable manner when the information is no longer required.

I agree to comply with these terms of approval, as well as any other restrictions or criteria required by the Regina Ringette Association.

Date

Applicant's Signature