



## Application Form

### Toronto Leaside Girls Hockey Association International Development Program

#### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.* *Date of Birth*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *Post Code*

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

Region: \_\_\_\_\_ Position: \_\_\_\_\_ National Team: \_\_\_\_\_

Parent(s): \_\_\_\_\_

#### Coaches Report

	Ranking	Comments
Skating Ability	/ 10	
Puck Control	/ 10	
Game Sense	/ 10	
Fitness	/ 10	

**Additional Information**

Parents & Coaches:

Please comment on the players ability to self-manage, and any other information you feel would be relevant

**Signature**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_