



THE PATHWAYS PROGRAM

Application Form

Hockey Club Name: _____

Hockey Club Location (suburb, state/territory): _____

Hockey Club Contact Person: _____

Hockey Club Contact Email: _____

Hockey Club Contact Phone: _____

Hockey Club Street Address (for equipment delivery):

Applicant Name: _____

Applicant Age: _____

Hockey Team: _____

Male Female

Can the club to confirm that the applicant does not have the financial means to cover the cost of playing Hockey?

How was this financial means assessed? E.g., conversation with parents, guardian, school teachers, youth worker. _____



