



FSIN



2019 National Aboriginal Hockey Championships

Chaperone Application

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ PROV: _____

HOME PHONE: _____ POSTAL CODE: _____

FAX: _____ EMAIL: _____

FEMALE CHAPERONE MALE CHAPERONE

PLEASE ATTACH COPY OF CPIC & VULNERABLE SECTOR CHECK

ALL INFORMATION IS KEPT CONFIDENTIAL

APPLICATIONS DUE FRIDAY APRIL 12, 2019 4:00PM

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