



RE-APPLICATION FORM

Student Name: _____

Homeroom (2016-2017): _____

I **will be** continuing in the Hockey Plus Program next year.

I **will not continue** in the Hockey Plus Program next year.

Parent/Guardian Signature _____

Parent/Guardian Name Printed _____

Email Address _____

Parent/Guardian Phone Number _____

Date _____

Please return to the office by May 16, 2017