

# Peterborough Liftlock Atom Hockey Tournament FINANCIAL ASSISTANCE APPLICATION

Hockey Season: 20\_\_ to 20\_\_

Name of Hockey Association: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**All further correspondence will be directed to this name and address.**

Reason for Seeking Financial Assistance:

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Total Amount Requested \$ \_\_\_\_\_ \*\*\* (max. \$400.00 per family)

Has this family been interviewed by your organization to confirm financial need?

Yes (\_\_\_) No (\_\_\_) Please check one.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Funds for approved applications will be paid directly to the Organization making the request.

**Deadline for all applications is October 15<sup>th</sup>.**

Mail or drop completed form to: Wayne Carter  
2344 Sunnylea Street  
Peterborough, Ontario  
K9K 2G2

\*\*\* Funding may be limited or reduced based on the total # of applications received per season.