



WMHA

Woolwich Minor Hockey Association

Exceptional Player Movement Application

Application for playing with at an advanced level with the Woolwich Association

Players Name _____

Parents Names _____

Current Team _____ Coach _____

Previous Team (12-13) _____

Previous Team (11-12) _____

Team the player wants to tryout for _____
(i.e. Major PeeWee)

Contact Info:

Home phone: _____

Email: _____