



## OMHA GOALIE ASSIST PROGRAM 2016-2017



The Ontario Minor Hockey Association Goalie Assist Program Presented by CCM Hockey, is an effort to support children who have dreams of becoming a hockey goaltender.

Working in conjunction with local minor hockey associations across Ontario, this program will provide sets of new hockey goaltending equipment to loan to 5-7 year old players interested in trying the position. Each set of equipment will be retained by the local minor hockey associations at the conclusion of the hockey season to loan to players in following years.

There are limited sets of equipment, thereby it is very important that your Association read and understand the following information package.

### **QUICK REFERENCE**

- **Who Is Eligible?**
  - Any Member Association of the OMHA.
- **What Does The Kit Include?**
  - Youth pads, blocker, glove, chest protector, stick, hockey bag
- **How Many Kits Are Available?**
  - 90 sets
- **If My Association Is Fortunate To Receive A Kit, How Do We Receive It?**
  - The OMHA will ship the kit to your local minor hockey association
- **Photo Requirement**
  - Provide a High Res Team Photo (minimum 2 GB)
  - Photo MUST show a player wearing the donated goaltending gear on ice
- **What Is The Cut-Off Date To Register For This Program?**
  - Friday August 26<sup>th</sup>, 2016



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APPLICATION

**ALL FIELDS ARE REQUIRED TO BE COMPLETED. IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ATTACH THE APPROPRIATE INFORMATION.**

Association Name: \_\_\_\_\_

Do you currently provide loaner sets of goaltender equipment to your teams? Yes No

If yes, how many set do you provide \_\_\_\_\_

If yes, what age levels do you provide them to? Tyke Novice Atom Peewee and Older

If yes, what is the approximate age of your sets? New 1-5 years 5+ years

Do you provide goaltending resources to your coaches? Yes No

**Primary Contact Information**

First Name:	Last Name:
Title or Role With Amateur Hockey Association:	
Phone:	
E-mail:	

**Please check the following boxes:**

☐ I have read and understood the terms of this application and agree that the goaltending equipment is property of the local hockey Association.

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please send completed form to Derek Polowyk at the OMHA office at [derek.polowyk@omha.net](mailto:derek.polowyk@omha.net)