



**Flin Flon Minor Hockey Association**

Box 862

Flin Flon, Manitoba R8A 1N6

www.flinflonminorhockey.com

**PLAYER ADVANCEMENT FORM**

All applications must be approved by the FFMH Board every year.

Players Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone: (Res) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Division: \_\_\_\_\_ Division wishing to play: \_\_\_\_\_

Reason: \_\_\_\_\_

All players will be required to start in their appropriate age division. They will then be evaluated by the Coaches and Division Coordinators.

Applications may be brought to FFMHA registration.

Mailed to:  
FFMH Registrar  
P.O. Box 862, Flin Flon, MB R8A 1N6

Or by email:  
registrarffmh@gmail.com

Office Use Only Request: <input type="radio"/> Approved <input type="radio"/> Denied
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