



Kent Minor Hockey Association

Box 485, Chatham, Ontario N7M 5K6

Email: info@kentminorhockey.com

KENT MINOR HOCKEY GOALTENDER'S REBATE FORM

Kent Minor Hockey is offering a rebate to players in Novice to Bantam divisions only who wish to play as a full time goaltender. The goaltender discount will be reimbursed by cheque or credit for the following season registration. Once the goaltender is rostered on a KMHA team and plays for the full season in that position, the parent/guardian who registered that player can fill out the Goaltender Discount claim form. The Goaltender Discount claim form must be signed by the current coach and convenor of that division confirming that the player is the designated goaltender for the team.

Goaltenders who meet the following criteria are eligible for the discount:

- **Must play within the Novice, Atom, Pee Wee or Bantam Division (House or Local league)**
- **Must be a full-time goaltender and borrows equipment from KMHA = Eligible for a \$150 rebate**

OR

- **Must be a full-time goaltender and have all his/her own goalie equipment. All equipment must meet current safety standards = Eligible for a \$250 rebate.**

To receive your rebate, please fill in the form and return it to the KMHA Treasurer - Via Email: Treasurer@kentminorhockey.com

SUBMISSIONS ARE ACCEPTED FROM:
January 14th 2018 until April 1th, 2018

LATE SUBMISSIONS AFTER THESE DATES ARE NOT ACCEPTED.

NAME OF PLAYER

DIVISION AND TEAM

REGISTERED PARENT/GUARDIAN'S NAME

(Names and addresses for cheques will be the same as the registration; otherwise note below any redirection. Confirmation with the registered parent will be made prior to any cheques being issued.)

ADDRESS

REGISTERED PARENT/GUARDIAN'S EMAIL:

REGISTERED PARENTS PHONE NUMBER:

Was the Goalie supplied equipment from KMHA?

YES

NO

Equipment has been returned to the Equipment Manager (if supplied by KMHA):

YES

NO

**** Equipment must be returned and in an appropriate condition in order to qualify for a rebate) ****

Parent Signature _____

Coaches Signature _____

League Convenors Signature _____

Verified by Treasurer

Date: _____

**** Incomplete forms will not be issued a refund!!**