



COVID-19 Return to Hockey - MHA Application Form for Off Season Programming:

Minor Hockey Association: _____

President: _____

District: _____

Facility: _____

1. Please describe your Return to Hockey Plan:

2. Please outline all implemented safety protocols in detail.

3. Please list all players who will be attending these sessions, with Hockey Canada ID #'s

a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____



- m. _____
- n. _____
- o. _____
- p. _____
- q. _____
- r. _____
- s. _____
- t. _____

4. Please List all On-Ice and Off-Ice Staff with Hockey Canada ID #'s

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

District Chair Signature:

HEO Authorized Signature:
