

Information Required for Appointment Letters -2024-25

**please confirm mailing address is correct*

Team _____ Postion _____

Name _____ SIN: (if necessary) _____

Address _____ Apt. # _____

City/Prov _____ Postal Code _____

H Phone _____ B Phone _____

E-mail _____

Start Date _____ End Date _____

CLUB/OFFICE USE ONLY BELOW

Honorarium _____ Date of Payment _____

Travel Rebursemnt _____ Date of payment _____
Information

Meal Card Y/N _____

Evening Parking Y/N _____ Start Date _____ End Date _____

Facility Pass (Y/N) _____ (Coordinators to arrange with coach)

Pulse Pass (Y/N) _____ Start Date _____ End Date _____

Other Information? _____
