5925 Monkland Ave Suite 101 Montreal, QC H4A 1G7



Phone: 514-482-8555 Fax: 514-487-0121 Email: gmaa@gmaa.ca Website: www.gmaa.ca

SCHOOL:	:						
port:		HOCKEY			try Deadline:	September 15th, 2017	
ear:	20	2017-2018		Scheduling Meeting:		September 27th, 2017	
Gender:	Boys	Girls		eparate form for each	gender		
Clas	Classification		sion r 3)	Coach (please print)		Permanent Staff (if other than coach)	
В	antam						
	Midget						
Jı	uvenile						
	Name o	of Arena:					
	Address o						
	Home Ice Availability: Mon			Tue	Wed	Thur	Fri
	•	each game.	The permane	must have a pern nt staff member r prior to the start INVOICE	nust (along wit		
	Pre-payment is due at the pre-season meeting with the completed form, appropriately signed. Late payment is subject to a 15% surcharge. Please keep a copy of this invoice for your records.						
	HOCKEY						
	team)	·		200.00 per MB3-J	0.00 per team)	1500.00 per MB2	-JB2
		P	lease make tl	he cheque payable			
	Secondary Advisory Rep School Principal						

Please return this form with appropriate signatures and payment to the GMAA office