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**OTTAWA DISTRICT MINOR HOCKEY ASSOCIATION**

1247 Kilborn Place, Ottawa, ON K1H 6K9

Phone: (613) 224-3589 Fax: (613)224-4625

Email: odmha@odmha.on.ca Website: www.odmha.on.ca

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**TRANSFER APPLICATION**

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

D.O.B. \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Association: \_\_\_\_\_

Level & Division \_\_\_\_\_

I request to transfer my son/daughter to \_\_\_\_\_ Minor Hockey Association  
for the 20\_\_-20\_\_ season for the following reasons:

Parents Signature: \_\_\_\_\_

Signature of Association President where player resides:

Agree \_\_\_\_\_ Oppose \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of District Chairperson where player resides:

Agree \_\_\_\_\_ Oppose \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Association President where player wishes to transfer to:

Agree \_\_\_\_\_ Oppose \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of District Chairperson where player wishes to transfer to:

Agree \_\_\_\_\_ Oppose \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A fee of \$ \_\_\_\_\_ accompanies this transfer application.

Hearing Date: \_\_\_\_\_ Time \_\_\_\_\_

Transfer Approved \_\_\_\_\_ Denied \_\_\_\_\_ for the 20\_\_ - 20\_\_ season.

Fee of \$ \_\_\_\_\_ retained; Refund of \$ \_\_\_\_\_ to be issued.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Discipline & Appeals Chairperson \_\_\_\_\_ Date: \_\_\_\_\_