HOCKEY CENTRE OF EXCELLENCE

APPLICATION

Which Centre of Excellence Program are you applying for?

Goalie ☐

Skater ☐

CONTACT INFORMATION:

First Name:	Last Name:
Parent/guardian:	
Date of Birth (M/D/Y):	Gender:
Address:	City:
Province:	Postal Code:
Home Phone:	Mobile Phone:
Email:	

What level of hockey did you play in the last season?		
With which association or organization do you belong to?		
What is your hockey related goals in the next 3 to 4 years?		
Have you participated in a High Performance Hockey Program at the Richmond Olympic Oval?	Yes ☐	No ☐

Will you be registering for the Richmond Virtual School (RVS) Component?	Yes ☐	No ☐
Would you like the RVS teacher to contact you to discuss the RVS component & registration process?	Yes ☐	No ☐

FOR MORE INFORMATION: | PHONE: 778.296.1421 | EMAIL: jcheng@richmondoval.ca