



## MINOR HOCKEY ASSOCIATION CONTACT INFORMATION

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PLEASE FILL IN ALL THAT APPLY

**ASSOCIATION:**

MHA: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ P/C: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**STAFF CONTACT:**

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PRESIDENT:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TREASURER:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REGISTRAR:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**COACH DIRECTOR:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FEMALE DIRECTOR:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PRESIDENT'S SIGNATURE:** \_\_\_\_\_ **SEASON:** \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO HOCKEY ALBERTA**  
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