the hospice

The Hospice of Windsor and Essex County Inc.
L'Hospice de Windsor - Essex Inc.

HOCKEY FOR HOSPICE

Get Involved and Participate!

Player's Name: _____

Address: _____

Phone Number: _____ Email: _____

Division or Level: _____ Team Sponsor: _____

Team Name and Coach: _____ Coach's Phone: _____

PLEASE PRINT NAME CLEARLY FOR TAX RECEIPT PURPOSES (issued for pledges of $10.00 or more)

NAME	ADDRESS	POSTAL CODE	PLEDGE	RECEIPT YES?	RECEIPT NO?

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