



Surrey Minor Ball Hockey Association Application Form

Personal Information

PLEASE PRINT

Name: _____ Date of Birth: _____
First Last YYYY-MM-DD

Address: _____
Street City Postal Code

Home Phone: _____ Email Address: _____

Education

Name of High School: _____

Academic Accomplishments: (awards and recognition, scholarships, bursaries, etc. that you have received)

Post-Secondary Institution and Planned Field of Study:

Service

Please list contributions you have made to your community, high school, SMBHA, and/or other organizations.

Application Checklist (refer to guidelines)

- | | |
|--|--|
| <input type="checkbox"/> Complete application form | <input type="checkbox"/> Two letters of recommendation |
| <input type="checkbox"/> Personal letter | <input type="checkbox"/> High school transcript |

It is the responsibility of the applicant to ensure the submission is complete and accurate.

Signature of Applicant: _____ Date: _____

DEADLINE FOR SUBMISSIONS IS MAY 1 at 9:00 P.M.

Email complete application submission to vicepresident@smbha.org