



Appendix 8 – CDMHA Goalie Develop Assistance Request Form

Any player that would like to request participation in the CDMHA Goalie Development Assistance Program and is not registered as a goalie on the official PMHA team roster, is required to complete and submit this form. Please refer to Section E part a) for details on requirement that have to be met in order to qualify for assistance.

Date: _____

Player Name: _____

Division: _____

Coach Name: _____

Team: _____

Goalies must participate as a goalie in the current season during practices prior to requesting on ice training. Please provide dates

Practice #1 _____

Practice #2 _____

Practice #3 _____

Practice #4 _____

Practice #5 _____

Goalies must play 5 games (in the current season) prior to requesting on ice training. Please provide dates

Game #1 _____

Game #2 _____

Game #3 _____

Game #4 _____

Game #5 _____

By signing this request I have confirmed the above mentioned player has completed the required steps to proceed will the goalie development program

Coach _____

Please present to the Equipment Manager and or the Director Responsible for Development