

## PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

CENTRAL OFFICE: #114 - 3993 HENNING DRIVE, BURNABY, B.C. V5C 6P7 TELEPHONE 604-205-9011. FAX 604-205-9016. WEB SITE http://www.pcaha.bc.ca

SERVING AMATEUR HOCKEY IN THE LOWER MAINLAND SINCE 1941

## **Declaration of Residence Form**

Form142 (Rev.: July 07)

This form is required to accompany the Application for Player Movement form in all cases in which the player's parents' permanent family place of resident has changed.

## **Section 1 - Residential Information:**

Player's Name:	Date of Birth:
Player's Parents' New Address:	
City:	Postal Code:
Date of Occupancy at New Address:	Telephone:
Player's New Association:	·
Player's Parents' Former Address:	
City:	Postal Code:
Number of Years at Old Address:	Telephone:
Player's Old Association:	
above is the permanent family place of resigned Regulations of the Pacific Coast Amater recognize that failure to abide by the Con	ormation contained in this form is true and that the New Address given idence. Further, we agree to abide by the Constitution, By-Laws, Rules, eur Hockey Association (PCAHA), BC Hockey, and Hockey Canada, and stitution, By-Laws, Rules, and Regulations of the PCAHA, BC Hockey, sion of any false registration information, shall cause the individuals l/or other disciplinary action.
PLAYER'S SIGNATURE:	MOTHER'S SIGNATURE:
	(Print Name):
DATE:	FATHER'S SIGNATURE:
(Day) (Month) (Year)	(Print Name):