

PLAYER RELOCATION FORM



A.)	Players Name:		
,	(Surname)	(Given Name(s))	
	O.R.A. #:	Date of Birth:	
		(Month/Day/Ye	ar)
	New Address:		
	(Street Address?/Apartment #?)		
		_,, ()	
	(City)		(Phone)
	Former Association:		
	Former Address:		
	(Street Address?/Apartment #?)		
		,, ()	
	(City)		hone)
B.)	Is your new residence within the boundaries Yes	es of ANY Association of Ontario Ringe No	tte?
	If Yes, which Association?:		
C.)	If you are new to Ontario, please indicate your previous Province and Home Association.		
	Province:	Association:	
	Change of address due to:		
	Education	Permanent Residence Change	

Please attach a copy of Education/Residence Change proof.