

# CSA Hockey Helmet Application Form

## Name

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Facility

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Quantity of Helmets

# of helmets at \$10.00<sup>+tax</sup> each \_\_\_\_\_

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

# of helmets with face shield at \$24.00<sup>+tax</sup> each \_\_\_\_\_

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

### MAX OF 20 HELMETS TOTAL PER APPLICATION

## Method of Payment

- Enclosed  
 Please Invoice me PO# \_\_\_\_\_

- Visa/Mastercard  
Card Number \_\_\_\_\_  
Expiry \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

Send the registration for to 5516 Spring Garden Road, 4<sup>th</sup> floor, Halifax, NS B3J 1G6

### Questions?

Phone: (902) 425-5450 ext. 330 or (902) 870-7643 Email: [rfans@sportnovascotia.ca](mailto:rfans@sportnovascotia.ca)