

Stirling & District Minor Hockey Association
Application Form

I wish to apply for: Time Keeper Gate Keeper

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Age: _____ DOB: _____

Job Related

Experience: _____

Qualifications (if any): _____

Only selected applicants will be contacted for an interview. Applicants agree that if they are hired by SDMHA to perform Gate or Time Keeping duties or to Referee that they will be paid by email money transfer (EMT) on a weekly basis. Applicants should ensure their email address is correct in order that SDMHA can issue payments.

Applicant Signature

Date