



## 2026 – 2027 MEI Hockey Skills Application Form

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

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current Level: (exp. U6, U8, U9, U11, A1, A2, A3, Rec, Christian League): \_\_\_\_\_ Position: \_\_\_\_\_ Years Played: \_\_\_\_\_

<b>Elementary School</b>	<b>Middle School</b>
<input type="radio"/> Grade 1-5	<input type="radio"/> Grade 6-8
<b>\$250 application fee + \$1750 player fee</b>	
7-month program (Sept-March) Wednesday 7:15-8:15am Ice Time at Summit Centre Tuesday lunch time Gym Hockey and Character building @ MEI Busing from Summit Centre included Free rental of jersey and socks Year end celebration for players Professional On Ice Development Coaches Goalie Instructor at every ice time Equipment storage key available for \$20 hold fee	
<input type="checkbox"/> <b>Goalie Fee</b> \$250 1-time payment (no application fee required)	

### Parent/Student Authorization:

I/we certify the information given in this application is accurate.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Note:

- **Non-refundable \$250 Application Fee**
- **Include payment form**

**Please drop off the completed application form and medical form to the Elementary Office**



MEI Schools                      4081 Clearbrook Rd                      T 604.859.3700  
 Administration &                      Abbotsford, BC                      F 604.859.9206  
 Finance Office                      V4X 2M8                      meischools.com

**2026-2027 CREDIT CARD PAYMENT AGREEMENT**  
**HOCKEY ACADEMY APPLICATION & PLAYER FEE**

Please complete this form if you would like to pay your child(ren)'s Hockey Academy fees by credit card.

**I hereby authorize MEI Schools to charge my credit card, specified below, for the payment of fees.**

Payor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

Student's Name (Last, First)	Grade	Hockey Academy Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Credit Card information:**

Visa / MasterCard #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_                      CVV / CVC # \_\_\_\_\_ (3 digit number on the back of the credit card)

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_