



About the “PHA Cares” Program (formerly the “right to play program”)

Minor hockey costs are growing every year and it is important for our members to feel comfortable coming forward if they need help. This information is always held in confidence. The PHA wants everyone to have the opportunity to enjoy the sport of hockey. Should financial circumstances become a barrier for a child’s involvement, the PHA will try to provide support to local families. This applies to both house league and rep league individuals.

Eligibility

“PHA CARES” Program:

- All requests can only be made for players 5-17 years old
- Must reside in the boundaries of the Peterborough Hockey Association
- All required documents must be completed and received in full to be considered
- Applicants must play on one of four levels of hockey: House, Local, Select/Minor Development and Representative
- Applications must be received prior or at the start of the hockey season
- Each individual grant will be at the discretion of the “Right to Play” committee, fund total for all applicants is capped at \$3,000
- Financial assistance will vary depending on each case and only one application per calendar year
- Funding available for different members of the same family during the same season
- Funding approval is dependent on the financial situation of each child and will be determined by the PHA “Right to Play” Program committee

The PHA requires a family to apply for Canadian Tire Jump Start Program and the Minor Hockey Foundation of Ontario subsidy program prior to asking for financial assistance through the PHA’s “Right to Play” program.

The PHA reviews all applications and a member of the committee will contact the applicant to confirm when their request will be approved.

How to Apply

All applications must be submitted to the PHA Cares Committee, prior to October 15th of each season. Each review may take up to 2 weeks.

Required:

1. One page letter outlining your request .
2. Provide proof of total household income from the previous year .
3. Send application to Peterborough Hockey Association, attention: President, 266 Charlotte St. Suite # 436, Peterborough, Ontario. Email: president@peterboroughhockey.com



PHA Cares Financial Subsidy Program Application Form

Name: Parent/Guardian Name: _____

Player Name: _____

Address: _____

City: Postal Code: _____

Phone (H): _____

Phone (C): _____

E-mail: _____

Birth Date (MM/DD/YYYY) _____

Donation Request (max. \$300): _____

Current Organization:

House League Select / Minor Development

Local League Representative

Signature of Parent/Guardian: _____

Date: _____

Documents to include in your application:

- One page letter outlining request
- Proof of total household income
- Sign document and mail to 'PHA CARES' Program - Peterborough Hockey Association, attention: President, 266 Charlotte St. Suite # 436, Peterborough, Ontario