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 Office 780-477-1166 Fax 780-474-9982  
 Email: [referrals@sportcentral.org](mailto:referrals@sportcentral.org)

Date: \_\_\_\_\_

## Sport Central Referral

Child(ren) First and Last	Date of Birth (MM/DD/YYYY)	Gender (F/M/O)	Type of Equipment Needed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Parent/Guardian (Must be parent/guardian, not contact)**

Name:	
Street Address:	
City:	Postal Code:
Phone:	Mobile:
Email:	

**Agency Information**

Agency Legal Name:	
Agency Worker (full name):	
Worker Phone:	Worker Email:

Agency Worker Signature: \_\_\_\_\_  
 \*By signing this, you agree that the children listed above meet the low income qualification for support.

**Please note:**

- Family must call Sport Central to book an appointment. There is a 48 hour processing time.
- If family does not speak English, a third party may call and book the appointment.
- Requests that do not include the signature and contact number of the designated referring official, and/or do not include birthdates for the client will be declined. (E-signature is accepted)

**Hockey equipment requests require proof of registration with Hockey Alberta sanctioned club or program.**