



Russell MHA
PO Box 281
RUSSELL, ON K4R 1E1

To whom it may concern,

This is to certify that the Russell Minor Hockey Association approves the following individuals to open an account in their name for the 20___/___ minor hockey season.

Team Name:

Team Account Co-Signer:

Team Account Co-Signer:

Regards,
RMHA President

Signature:

Date:

president@russellwarriors.ca