



**A Big win for
Haliburton County!**

**Highland Storm
Hockey
Association is a
recipient of**



**NHLPA GOALS &
DREAMS GRANT**

**Assisting young
players with their
dream of playing
hockey.**



In August 2013 the HSMHA applied to the NHL Players Association Goals and Dreams Grant for funding to help families who need some help to have their children play hockey! Our goal is to assist these families with registration costs and supply equipment. Playing recreational hockey is expensive and the HSMHA is striving to keep costs to the bare minimum while still providing safe and fun hockey for as many children as possible.

On September 25th three skids of brand new equipment were delivered to HSMHA in Haliburton and executive members scrambled to find storage place for 90 boxes of brand new equipment in various sizes.

Please fill out the form attached and We have now formed a committee with Point In Time Staff, Jump Start Canadian Tire Staff, community and HSMHA executive members to decide on a process to get this generous donation out to our local children.

The Highland Storm Minor Hockey Association would like to thank the NHL Players Association for their generous donation and we encourage families to take advantage of this opportunity!

The website for the Jump Start program is:

www.jumpstart.canadiantire.ca or families can call Leanne at 705-286-4400.

Please call Bruce Griffith at 705-457-4578 for more information.

Goals & Dreams Equipment application form

Section 1: Application Information

Childs Name: _____ Birth Date

(dd/mm/yy): _____/_____/_____

Gender: _____

Address: _____

City: _____ Province/Territory: _____ Postal
code: _____

Tel: _(_____) _____

Email: _____

Name of Parent/

Guardian: _____

Storm Recreation League division _____

Storm Rep League division _____

Section 2: Request for funding (PLEASE CIRCLE THE SIZE YOUR CHILD WOULD REQUIRE)

Shoulder Pads:

Youth: L - (Chest size: 50-60cm)

Junior: S - (Chest size: 70-80cm)

M-(Chest size: 80-85cm)

L - (Chest size: 85-95cm)

Senior: S -(Chest size: 90-95cm)

M-(Chest size: 95-100)

Shin Guards:

9" -(Height: 110-120cm)

10" -(Height: 120-130cm)

11" - (Height: 130-140cm)

12" - (Height: 140-150cm)

13" - (Height: 150-160cm)

14" - (Height: 160-170cm)

Elbow Pads:

Junior: M - (Height 130-140cm)

L - (Height: 140-160cm)

Senior: S - (Height: 160-170cm)

M - (Height: 170-180cm)

L - (Height: 180+cm)

Gloves:

Youth: 10" - (Height: 110-120cm)

Junior: 11" - (Height: 120-130cm)

12" - (Height: 130-140cm)

13" - (Height: 140-160cm)

Senior: 14" - (Height: 160-180cm)

Pants:

Youth: L - (Waist size: 60-65cm)

Junior (2"longer than youth): S - (Waist size: 60-65cm)

M - (Waist size: 65-70cm)

L - (Waist size: 70-75cm)

Senior S - (Waist size: 75-80cm)

M -(Waist size: 80-85cm)

Skates:

Youth:

Size 12

Size 13

Junior:

Size 1

Size 2

Size 3

Size 4

Size 5

Senior:

Size 6

Size 7

Size 8

Sticks:

Junior: – Right OR Left

Senior: – Right OR Left

Helmet/Cage Combo:

XS: (Head Circumference: 50-55cm)

S: (Head Circumference: 52-27cm)

M: (Head Circumference: 55-60cm)

L: (Head Circumference: 57-62cm)

Garter/ Jock Combo:

Junior:

S: - (Waist size: 20 -24 in)

M: - (Waist size: 26 – 30in)

Senior:

S: - (Waist size: 26 – 30 (larger cup) in)

M:-(Waist size: 30-34in)

L: - (Waist size: 34 – 38in)

Jills:

S: (Waist size: 16-20in)

M: (Waist size: 22-26in)

Neck Protectors:

JR. OR SR.

Bag:

Socks:

JR

SR

Skater OR goalie

Jerseys:

Junior:

S/M

M/L

Senior:

S

M

L

Hats:

NHLPA

Section 3: Endorsement

Community Leader (School principal/guidance counselor/Doctor/Dentist/Lawyer)

Name: _____

Address: _____

City: _____ Province: _____ Telephone: _____

() _____

Email: _____

Please indicate relationship to the applicant: _____

I certify my endorsement of the above child/youth and verify that all the information given is correct and can be substantiated.

Signature: _____

Date: _____

Section 4: Return agreement

If approved by the organization the funded equipment must be donated back to the organization after its use after your child

Signature: _____

Date: _____

For office use only

Application received (dd/mm/yy): _____ Accepted(Y/N): _____ Follow up complete(Y/N): _____

Reason:
