



Park County Youth Hockey Association
SPONSOR-A-KID IN HOCKEY APPLICATION

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

PARENT'S/GUARDIAN'S NAMES: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

1. Complete the form.
2. Send form to the following address:

SAK
P. O. Box 1314
Cody, WY 82414

The SAK Coordinator will gather all applications and present to the Park County Youth Hockey Association for review.

Apply early for a better chance of acceptance in the program.

Applicants will be notified of acceptance/denial into the SAK program via a postcard that also schedules a time for the player to be outfitted for hockey and for the parents/player to learn how to put on the gear.