



SPORTCENTRAL

Changing lives through sport

Client Referral

please submit completed referrals to referrals@sportcentral.org

Date: _____

	Child First Name	Child Last Name	Date of Birth (MM/DD/YYYY)	Gender (F/M/O)	Type of Equipment Needed	RFL # (SC Only)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Parent/Guardian Information (must be parent/guardian, not contact)

Full Name:	_____		
Street Address:	_____		
City:	_____	Postal Code:	_____
Main Phone:	_____	Alt Phone:	_____
Email:	_____		

Agency Information

Agency Legal Name:	_____		
Agency Worker (Full Name):	_____		
Worker Main Phone:	_____	Worker Alt Phone:	_____
Worker Email:	_____		

Registration Information (for team and individual sports)

Association Name:	_____
Program Start Date:	_____

Hockey Equipment Requests require proof of registration with a Hockey Alberta sanctioned club or program

Please Note:

- Referrals are only valid for **3 MONTHS** after submission.
- Child(ren) must be **PRESENT** at the time of the appointment.
- Families **MUST CALL** Sport Central to book an appointment. There is a 48-hour processing time.
- If families do not speak English, a third party **MUST** call and book the appointment.
- Requests that do not include all the information above will not be processed (please **DO NOT** fill areas in **RED**)

Agency Worker Signature

Date

By signing this, you agree that the children listed above meet low income qualification for support