



Mount Brydges and District Athletic Association

Box 31

Mount Brydges, Ont. N0L 1W0

NAME: _____

TEAM: _____

POSITION: _____

This letter is to confirm that the above-named individual requires a **Vulnerable Sector Screening** for a volunteer position with the Mount Brydges & District Athletic Association (Mount Brydges Minor Hockey).

A handwritten signature in black ink, appearing to read "Brad Hipple", is written over the printed name.

Brad Hipple

MBDAA President

Bhipple68@gmail.com