



P.O. Box 775, Bracebridge, Ontario, P1L 2B5

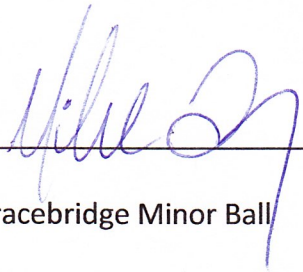
To: ONTARIO PROVINCIAL POLICE (Bracebridge Department)

Reference: BRACEBRIDGE MINOR BALL ASSOCIATION

COACH – VULNERABLE SECTOR CHECK

Please be advised that _____ will be volunteering with Bracebridge Minor Ball and we require the Vulnerable Sector Check be conducted.

Thank You,



Bracebridge Minor Ball

bracebridgeminorball@mail.com

Applicant will pick up the processed Police check

Or

Please mail the processed Police check to:

(a pre-stamped, self-addressed envelope to be included)

THANK YOU FOR YOUR SUPPORT OF BRACEBRIDGE MINOR BALL!!