



Bracebridge, Ontario

To: ONTARIO PROVINCIAL POLICE (Bracebridge Detachment)

Date: _____

Reference: BRACEBRIDGE MINOR BALL ASSOCIATION

COACH / VOLUNTEER – 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

Mike Fry

bandits@bracebridgeminorball.com

THANK YOU FOR YOUR SUPPORT OF BRACEBRIDGE MINOR BALL!!