



2024-25 MINOR LEAGUE REGISTRATION FORM

This form is only for LEAGUES. Minor Hockey Associations must use the Association Registration Form

LEAGUE NAME: _____

ADDRESS: Street/Box: _____ **City/Town:** _____

Postal Code: _____ **Website:** _____

PRESIDENT: _____ **Telephone:** _____

ADDRESS: Street/Box: _____ **City/Town:** _____

Postal Code: _____ **Email:** _____

REGISTRAR: _____ **Telephone:** _____

ADDRESS: Street/Box: _____ **City/Town:** _____

Postal Code: _____ **Email:** _____

COORDINATOR OF OFFICIALS: _____

Telephone: _____ **Email:** _____

OTHER EXECUTIVE (Please List):

Name: _____ Position: _____ Email: _____

Name: _____ Position: _____ Email: _____

Name: _____ Position: _____ Email: _____

Name: _____ Position: _____ Email: _____

Name: _____ Position: _____ Email: _____

Name: _____ Position: _____ Email: _____

NOTE: ONCE THE APPLICATION HAS BEEN PROCESSED AND APPROVED, A PAYMENT WILL BE ISSUED VIA AN INVOICE FROM QUICKBOOKS TO THE EMAIL PROVIDED.

SHAPING CHARACTER FOR LIFE... MORE THAN A GAME.