



2024-25 FEMALE 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: _____ **Phone:** _____

Email: _____

OTHER EXECUTIVE (Please List):

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

League Membership Fee: \$25.00

Note: Insurance Coverage is extended to all volunteers within your Association (i.e. parents, timekeepers, etc.) for **OFF ICE ACTIVITIES ONLY**.

Payment Notice: An invoice will be sent via QuickBooks. You can securely pay using a credit card through the QuickBooks platform.

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