2024-25 JUNIOR C TEAM AFFILIATION LIST

TEAM NAME:

LEAGUE:

CITY/TOWN:

LAST NAME **GIVEN NAME** BIRTHDAY **TEAM REGISTERED** DIVISION/ APPROVED BY COACH OF TEAM (MM/DD/YYYY) CATEGORY WITH **REGISTERED ON (signature)** 1. G-G -2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19 **HOCKEY SASKATCHEWAN APPROVAL:** Mgr/Coach Name (Please print): _____ Telephone: _____ Email: _____ Date: _____ Signature: _____

NOTE: IF ADDING TO A PREVIOUSLY APPROVED LIST, YOU MUST INCLUDE ALL AFFILIATES FOR THE TEAM

MUST BE FILED PRIOR TO USING AN AFFILIATE PLAYER...ADDITIONS TO THE FILED LIST MAY BE MADE UNTIL JAN 15TH, 2025



HOCKEY SASKATCHEWAN #2-575 Park St Regina, SK S4N 5B2 Ph:789-5101