

# 2024-25 SENIOR TEAM AFFILIATION LIST



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

TEAM NAME: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

	LAST NAME	GIVEN NAME	BIRTHDAY (MM/DD/YYYY)			TEAM REGISTERED WITH	DIVISION/ CATEGORY	APPROVED BY COACH OF TEAM REGISTERED ON (signature)
1.	G -							
2.	G -							
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
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16.								
17.								
18.								
19.								

Mgr/Coach Name (Please print): _____ Telephone: _____ Email: _____ Signature: _____	<b>HOCKEY SASKATCHEWAN APPROVAL:</b> _____ Date: _____
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**\*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 10<sup>TH</sup>, 2025\*\***