



## **FEMALE LEAGUE REGISTRATION FORM** **2025-2026 SEASON**

\*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.

**PROVINCIAL LEADER IN SPORT EXCELLENCE.**