

2025-26 SENIOR TEAM AFFILIATION LIST



TEAM NAME: _____

LEAGUE: _____

CITY/TOWN: _____

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

	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.								
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17.								
18.								
19.								

Mgr/Coach Name (Please print): _____

Telephone: _____ Email: _____

Signature: _____

HOCKEY SASKATCHEWAN APPROVAL:

Date: _____

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 10TH, OF THE SEASON.****