



HOCKEY SASKATCHEWAN
#2 - 575 PARK STREET, REGINA SK S4N 5B2
PHONE: (306)789-5101

SENIOR ADDITION APPLICATION
2025-26 SEASON

PLEASE PRINT CLEARLY: FILL OUT ENTIRE FORM INCLUDING MAILING ADDRESS & POSTAL CODE

NAME IN FULL (FIRST, LAST) _____

MAILING ADDRESS: Street/Box: _____

City/Town: _____ Postal Code: _____

DATE OF BIRTH: Year: _____ Month: _____ Day: _____

LAST TEAM REGISTERED WITH: _____ Year: _____

TEAM TO BE ADDED TO: TEAM NAME: _____

SENIOR LEAGUE: _____

ADDED TO TEAM AS: (Please Circle One)

Player / Goalie / Coach / Ass't Coach / Manager / Trainer / Stick Person

Has the Insurance Premium been
paid already for the 2025-26 hockey
season?

YES

☐

By Whom: _____

NO

☐

If **NO** Amount Enclosed → (Mandatory \$67)
(Optional \$43 – half visor, \$12 – full cage)

Team Official Signature _____ Title _____ Date: _____

HS General Manager: _____ Date: _____

SENIOR DELETION APPLICATION

NAME IN FULL (FIRST, LAST) _____

MAILING ADDRESS: Street/Box: _____

City/Town: _____ Postal Code: _____

DATE OF BIRTH: Year: _____ Month: _____ Day: _____

TEAM TO BE DELETED FROM: TEAM NAME: _____

SENIOR LEAGUE: _____

Team Official Signature _____ Title _____ Date: _____

HS General Manager: _____ Date: _____