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.								
4.								
5.								
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14.								
15.								
16.								
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.*