

2021-22 SENIOR AAA AFFILIATION LIST



AFFILIATION LIST FOR: _____ (TEAM NAME)

#2-575 Park St Regina, SK S4N 5B2
Ph:789-5101 Fax: 789-6112

	LAST NAME	GIVEN NAME	BIRTHDAY M/D/Y			TEAM REGISTERED WITH	DIVISION/ CATEGORY	SIGNATURE OF AFFILIATED PLAYER
1.	Goaltender							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Mgr/Coach (Please Print) _____ Telephone: _____ Signature: _____ E-Mail: _____	HOCKEY SASKATCHEWAN APPROVAL: _____ Date: _____
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NOTE: IF ADDING TO A PREVIOUSLY APPROVED LIST, YOU MUST INCLUDE ALL AFFILIATES FOR THE TEAM

****AFFILIATED PLAYERS MUST BE DESIGNATED BY DECEMBER 15th****

*****IF 10 APs ARE USED, 1 MUST BE A GOALTENDER*****