

HOCKEY NEWFOUNDLAND & LABRADOR

P.O. BOX 176, GRAND FALLS-WINDSOR, NL, A2A 2J4

APPLICATION FOR AFFILIATION OF TEAMS

HIGHER CATEGORY TEAM: _____

MAILING ADDRESS: _____

AFFILIATED TEAM: _____

MAILING ADDRESS: _____

We, the undersigned, on behalf of the above teams, make application to affiliate our teams as provided by HC and H.N.L regulations. It is understood that each of the two teams must have a minimum of 15 players registered and at least one on-bench official. This affiliation is valid when a signed copy has been returned to the applicable teams and a copy has been filed at the H.N.L Office. The affiliation will terminate at the end of the current playing season.

President of Higher Team (Please Print)

President of Lower Team (Please Print)

Signature

Signature

Secretary of Higher Team (Please Print)

Secretary of Lower Team (Please Print)

Signature

Signature

Date of Application _____

FOR OFFICE USE ONLY

Date Approved by Branch

H.N.L Authorization