HOCKEY NEWFOUNDLAND & LABRADOR
P.O. BOX 176, GRAND FALLS-WINDSOR, NL A2A 2J4

APPLICATION FOR SPECIAL AFFILIATION

HIGHER CATEGORY TEAM:

_____

LOWER CATEGORY/DIVISION TEAM(S):

_____

_____

PLAYER'S NAME	TEAM

We the undersigned, on behalf of the above teams, make application to special affiliate our player(s) as provided by Hockey Canada Regulation E9-39. This special affiliations is valid when a signed copy has been returned to the applicable teams and a copy has been filed at the HNL Office. The special affiliation will terminate at the end of the current playing season.

_____ _____
President of Higher Team (Please Print) President of Lower Team(s) (Please Print)

_____ _____
Signature Signature

_____ _____
Secretary of Higher Team (Please Print) Secretary of Lower Team(s) (Please Print)

_____ _____
Signature Signature

Date of Application: _____
Deadline for Filing Special Affiliations is January 15.

FOR OFFICE USE ONLY

_____ _____
Date Approved by Branch HNL Authorization