

## H.N.L SCHOOL HOCKEY TEAM ROSTER REGISTRATION FORM

**THIS FORM LISTS A TEAM FOR SCHOOL HOCKEY.** The purpose is to make sure ALL members of the school team are registered, not just those registered with **MINOR HOCKEY ASSOCIATIONS.** **LIST YOUR COMPLETE TEAM, INCLUDING TWO GOALIES.** Mark those who are already registered with a Minor Hockey Association. **Then mark the remaining players who will be playing school hockey only and include, for them, a fee of \$51 each. The fee for coaching staff is \$36 each plus a Team Fee of \$125.00 per team. Each member must be registered before he/she participates in any play.** Send the forms and payment to HNL, P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4. We will return a signed copy as confirmation of the school team listing. **TEAMS MUST BE REGISTERED BEFORE PARTICIPATING IN ANY GAMES & TEAM ROSTER FORMS MUST BE SUBMITTED BY JANUARY 10<sup>TH</sup>.** Submit additional forms when registering. **PLEASE NOTE THE DEADLINE FOR REGISTERING PLAYERS IS FEBRUARY 10.**

NAME OF SCHOOL:				NAME OF THIS TEAM:		Please give the name of the minor hockey association or junior team players have registered with.	
JR. HIGH <input type="checkbox"/> OR SR. HIGH <input type="checkbox"/> MALE <input type="checkbox"/> OR FEMALE <input type="checkbox"/>				SCHOOL LEAGUE (if applicable)			
SURNAME	FIRST NAME	DATE OF BIRTH	MCP #	ADDRESS	TOWN	PHONE #	
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15							
Coach							
Asst. Coach							
Trainer							
Manager							

<b>Name of Teacher Rep.</b> (Please print) _____  _____ Signature  Email Address: _____	<b>Please provide mailing address</b> _____  _____ _____	<b>THIS SPACE FOR HNL OFFICE ONLY</b>  Date Rec'v.: _____  Payment Rec'v.: _____  Receipt #: _____	<b>H.N.L. REGISTRAR APPROVAL</b>    _____ _____
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