



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



APPLICATION FOR SPECIAL AFFILIATION

HIGHER CATEGORY TEAM:

LOWER CATEGORY/DIVISION TEAM:

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 affiliation 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 (Please Print)

Signature

Signature

Secretary of Higher Team (Please Print)

Secretary of Lower Team (Please Print)

Signature

Signature

Date of Application: _____

Deadline for Special Affiliations is January 15.

FOR OFFICE USE ONLY

Date Approved by Branch

HNL Authorization