



SPECIALLY AFFILIATED PLAYERS LIST

AFFILIATION LIST FOR: _____ (TEAM NAME)

DIVISION: _____ (i.e. Bantam, Midget)

CATEGORY: _____ (i.e. AA, A, B, etc.)

*The Final Date to request affiliations is January 15th.

	SURNAME	GIVEN NAME	BIRTH DATE M / D / Y	TEAM REGISTERED WITH	DIVISION	CATEGORY	APPROVED BY (President Signature)
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SIGNATURE OF TEAMS REQUESTING AFFILIATION							
Association President: (Please Print) _____ Telephone: _____ Signature: _____							
HNO APPROVAL: _____						DATE APPROVED: _____	