Joint Team Application Form

We _____ Minor Hockey Association(s) seek permission to form a Joint Team with _____ Minor Hockey Association(s) for the current hockey season.

Please complete the following information:

Team(s) Name: _____ _____

Division: _____

Name	Home Association	Position (Player, Coach, Trainer)

We have read and understand the intent of the Joint Team Policy and hereby agree to follow the Joint Team Policy for the current hockey season. Failure to abide by the Policy will result in a loss of privilege for a joint team and other possible sanctions.

_____ _____

MHA President Signature MHA President Signature

Date Submitted _____

HNO Approval

Minor Committee ☐ Approved ☐ Denied