



Over 20 Players on a Team Registration Form

Date: _____

Minor Hockey Association: _____

Team Name: _____

Contact Person: _____ Position: _____

Email: _____

Number of players to be rostered _____

RATIONALE FOR APPLICATION (please attach additional documentation if needed)

Minor Hockey Approval
Date _____ Minor Hockey Association _____

Signature _____ Print Name _____
(Minor Hockey Association President)

HNO Approval
Date _____