



SPECIALITY PLAYERS LIST

Specialty Players List: _____ (TEAM NAME)

DIVISION: _____ (i.e. U15, U18)

CATEGORY: _____ (i.e. AA, A, AAA, 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 TEAM REQUESTING AFFILIATION						
	Association President: (Please Print) _____ Email: _____ Signature: _____						
	HNO APPROVAL: _____				DATE APPROVED: _____		