



AA DEVELOPMENT STREAM PLAYERS LIST

AA Development Stream: _____ (TEAM NAME)

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

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) _____

Email: _____

Signature: _____

HNO APPROVAL: _____

DATE APPROVED: _____