



AFFILIATION LIST

AFFILIATION LIST FOR: _____ (TEAM NAME)

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

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

PLEASE NOTE THAT THIS FORM IS FOR MINOR & SENIOR HOCKEY USE ONLY

SURNAME	GIVEN NAME	BIRTH DATE M / D / Y	TEAM REGISTERED WITH	DIVISION	CATEGORY	APPROVED BY <small>(Coach, Manager of registered team in accordance with regulations).</small>
1.						
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Coach: (Please Print) _____

Telephone (Res) _____ (Bus.) _____

Signature: _____

Manager: (Please Print) _____

Telephone (Res) _____ (Bus.) _____

Signature: _____

HOCKEY MANITOBA APPROVAL: _____ **DATE APPROVED:** _____

(APPROVAL SUBJECT TO LEAGUE GEOGRAPHICAL SUB- DIVISIONS FOR AFFILIATION).