



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 - DO NOT USE FOR JUNIOR OR BANTAM AAA

	SURNAME	GIVEN NAME	BIRTH DATE M/D/Y	TEAM REGISTERED WITH	CATEGORY	DATE	APPROVED BY (Coach, Manager of PRIMARY registered team in accordance with regulations).
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Coach: (Please Print) _____ Telephone (Res) _____ (Bus.) _____ Signature: _____	Manager: (Please Print) _____ Telephone (Res) _____ (Bus.) _____
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HOCKEY MANITOBA APPROVAL: _____ **DATE APPROVED:** _____

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