



# AFFILIATION LIST

AFFILIATION LIST FOR: \_\_\_\_\_ (TEAM NAME)

DIVISION: \_\_\_\_\_ (i.e. U15, U18, Senior)

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

**\*PLEASE NOTE THAT THIS FORM IS NOT TO BE USED FOR U15 AAA OR JUNIOR TEAMS\***

	SURNAME	GIVEN NAME	BIRTH DATE M / D / Y	TEAM REGISTERED WITH	CATEGORY	DATE	APPROVED BY (Coach, Manager of <b>PRIMARY</b> registered team in accordance with regulations).
1.							
2.							
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19.							

**Coach:** (Please Print) \_\_\_\_\_

Telephone (Res) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Signature: \_\_\_\_\_

**Manager:** (Please Print) \_\_\_\_\_

Telephone (Res) \_\_\_\_\_ (Bus.) \_\_\_\_\_

**HOCKEY MANITOBA APPROVAL:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

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