



WHSHL AFFILIATION LIST

TEAM: _____

PLEASE NOTE THAT THIS FORM IS FOR WINNIPEG HIGH SCHOOL HOCKEY TEAMS ONLY

	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). SIGNATURE REQUIRED
1.							
2.							
3.							
4.							
5.							

Coach(of Affiliate Team): _____ Telephone: _____ Signature: _____	Manager: (of Affiliate Team) _____ Telephone : _____ Signature: _____
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HOCKEY MANITOBA APPROVAL: _____
 DATE APPROVED: _____

Primary team must be approached BEFORE approaching a potential affiliate player. Player cannot be used until this form has the appropriate signature and has been submitted to the WHSHL. Subsequent approval must be sought each time the player in question is used. Deadline for submission is November 1st of the current season.