AFFILIATION REQUEST



Team Requesting Affiliation:		
Name of Coach Requesting:		

DEADLINE FOR SUBMISSION IS DECEMBER 15TH OF EACH YEAR

Name of Player (s) Being Requested	Team Currently on	Coach Confirmation	COACH	Parent Confirmation	PARENT INITIAL
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	
		□ Yes □ No		□ Yes □ No	

PROCESS:

Coach requesting affiliation must complete this form. List the players that you would like affiliated and ensure the coach and parents are contacted AND initial form. Return sheet to CMHA Coordinators via email and we will confirm by sending an email to the coach/manager of each team.