

# **APPLICATION TO SUBMIT A PROVINCIAL TEAM**

**TEAM AGE GROUP:** \_\_\_\_\_

**HEAD COACH:** \_\_\_\_\_

**ASSISTANT COACHES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COACHING PHILOSOPHY FOR THIS TEAM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please attach the Official Hockey Canada Roster as well as your expected Roster for this team.\*\***

**All applications must be reviewed by MMHA Board and signed prior to submitting request to SHA.**

\_\_\_\_\_  
**MMHA Board Signature (President)**