

2024-25 AFFILIATION LIST



MINOR HOCKEY ASSOCIATION: _____
 AFFILIATION LIST FOR: _____ (TEAM NAME)
 DIVISION: _____ (i.e. U18, U11)
 CATEGORY: _____ (i.e. A, B, C)

#2-575 Park St Regina, SK S4N 5B2
 Ph: 789-5101 Fax: 789-6112

	LAST NAME	GIVEN NAME	BIRTHDAY M/D/Y			TEAM CURRENTLY REGISTERED ON	DIVISION/ CATEGORY	APPROVED BY COACH OF REGISTERED TEAM (signature)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								

Mgr/Coach (Please Print): _____
 Telephone: _____
 Signature: _____
 E-Mail: _____

Hockey Saskatchewan Approval:

Date: _____

****NOTE: Must be filed prior to using an affiliate player...additions can be made until Jan. 10th, 2025****

*****NOTE: If adding to a previously approved list, you must include ALL affiliates for the team*****