

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET OR BOX #	CITY/TOWN	POSTAL CODE	PHONE #	B-DAY D/M/Y	E-MAIL ADDRESS
MANAGER								
COACH								
ASS'T COACH								
TRAINER								
STICK BOY								

DATE:

SIGNATURE OF TEAM OFFICIAL:

HOCKEY SASKATCHEWAN OFFICE USE ONLY

DATE APPROVED:

HOCKEY SASKATCHEWAN GENERAL MANAGER: