

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:
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