



AFFILIATION AT LARGE LIST



FINAL DATE TO SUBMIT AFFILIATION LIST IS JANUARY 15th

IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED LIST?

YES

NO

TEAM NAME:	DIVISION:	CLASSIFICATION:
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NAME OF PLAYER	HC CARD NUMBER	TEAM DIVISION AND CLASSIFICATION	SIGNATURE OF YOUR ASSOCIATION PRESIDENT	SIGNATURE OF AFFILIATED PLAYERS ASSOCIATION PRESIDENT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

OVER >

11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				

**NOTE: YOU DO NOT HAVE TO LIST 19 PLAYERS. LIST ONLY THOSE NEEDED.
 NO PLAYER MAY PLAY AS AN AFFILIATE IF NOT LISTED ON THIS FORM.
 BE SURE THAT NO PLAYER IS ON TWO AFFILIATION LISTS.**

We verify the above players are eligible to be affiliated with the above named team and are properly carded and registered with the NOHA office.

Signature: _____
 Team Official

Date: _____

Signature: _____
 Association President

Date: _____

For NOHA Office Use Only:
 Approved _____ Rejected _____ Date _____

The Northern Ontario Hockey Association is committed to respecting and protecting the privacy of our Members, their Associations, individual members, their families and our employees. The information collected on this form will be used for the sole purpose of administering the Rules, Regulations and By Laws of the NOHA/OHF/Hockey Canada and/or for the purpose of registering the individual in the program for which they have enrolled and may be used to provide them with the information necessary for participation.