



RECORD OF AFFILIATION OF NOJHL TEAMS

Date: _____

Name of Higher Category Team: _____

Name of Lower Category Team: _____

WE, THE UNDERSIGNED PRESIDENTS AND SECRETARIES OF THE ABOVE TEAMS, ON BEHALF OF THESE TEAMS, HEREBY SEEK PERMISSION TO AFFILIATE OUR TEAMS IN ACCORDANCE WITH HOCKEY CANADA REGULATIONS.

NOTE:

*This affiliation agreement must be recorded at the NOJHL office located at 114 Gareau Road, Verner Ontario POH 2 MO prior to **October 1st** of the season for which the affiliation is sought, or prior to the use of any affiliated player.*

THESE AFFILIATIONS MUST BE RENEWED ANNUALLY

President of Higher Category Team

President of Lower Category Team

Secretary of Higher Category Team

Secretary of Lower Category Team

FOR NOJHL USE ONLY	
APPROVED:	_____
REJECTED:	_____