

# SASKATCHEWAN HOCKEY ASSOCIATION

## CREDENTIAL FORM

*Please present this form at the registration desk*



**This is to verify that:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City or Town:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Zone #:** \_\_\_\_\_

**Is representing:**

\_\_\_\_\_ **Minor Hockey Association/League**

**In the Division of: (MARK ONE ONLY)**

**SENIOR:** \_\_\_\_\_ **JUNIOR:** \_\_\_\_\_

**MINOR:** \_\_\_\_\_

**TOTAL VOTES:** \_\_\_\_\_

**PRESIDENT'S SIGNATURE:** \_\_\_\_\_

**Does your Association/League have outstanding fees owed to SHA? (please circle)**

**YES      NO**

**If YES, paid by: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ Visa: \_\_\_\_\_ Mastercard: \_\_\_\_\_**