

# 2017-18 AFFILIATION LIST



AFFILIATION LIST FOR: \_\_\_\_\_ (TEAM NAME)  
 DIVISION: \_\_\_\_\_ (i.e. Junior, Midget)  
 CATEGORY: \_\_\_\_\_ (i.e. AAA, A, B, C)

#2-575 Park St Regina, SK S4N 5B2  
 Ph:789-5101 Fax: 789-6112

	LAST NAME	GIVEN NAME	BIRTHDAY M/D/Y			TEAM REGISTERED WITH	DIVISION/ CATEGORY	APPROVED BY (Coach, Mgr of registered team)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								

Mgr/Coach (Please Print) \_\_\_\_\_  
 Telephone (Res): \_\_\_\_\_ (Bus) \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

SHA Approval: \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*NOTE: IF ADDING TO EXISTING FORM, INCLUDE ALL AFFILIATES FOR THE TEAM\***

**\*\*MUST BE FILED PRIOR TO USING AN AFFILIATE PLAYER...CHANGES TO THE FILED LIST MAY BE MADE UNTIL JAN 10/18\*\***