Minor Hockey Affiliation Form

PO Box 302, 40 Enman Crescent, Charlottetown, PE C1A 7K7
Ph: 902-368-4334 Fax: 902-368-4337

Team Name: _____ League: _____ Category: _____

Team Manager: _____ Ph: H: _____ W: _____

e-mail: _____

Please Check One:

□ Team on Team (December 15th) □ 19 Special Affiliated Players (January 15th)

Team on Team Affiliation

Affiliate Team Name: _____ League/Category: _____

Affiliate Team Manager: _____ Ph: H: _____ W: _____

Team Signature: _____ Team Signature: _____

(Lower Category Team) (Higher Category Team)

19 Specially Affiliated Players

Name	Player Signature	Parent Signature	Coach Signature Team Currently Registered With

Note: All signatures must be provided. Incomplete forms will not be approved.

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…. all Special Affiliate Players must have prior written permission of the Lower category Team to play as an affiliate member of the Higher Category Team.

…. no Player is permitted to play with a team in a higher division or category before this form has been filed with Hockey PEI and approved.

….it is the responsibility of the Higher Category Team to ensure that this form is completed and returned to Hockey PEI.

….a player is only permitted to participate as an affiliated player with one team during a season.

FOR OFFICE USE ONLY:

Date Received: ____/____/____
(Month/Day/Year)

Hockey PEI Approval: _____ Date: ____/____/____
(Month/Day/Year)