Minor Hockey Association

Application for Membership

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

Association: _____ **Season:** _____

Executive	President	Vice-President	Treasurer
Name:			
Mailing Address:			
Contact Numbers H:			
W:			
Fax:			
E-mail:			

Provincial Registered Teams

To register your teams and to assist with league preparations – please complete the following.

Division	Category	# Teams	Division	Category	# Teams
Initiation	n/a		Bantam (m)	A	
Novice	n/a		Bantam (f)	A	
Atom (m)	A		Bantam (m)	AA	
Atom (f)	A		Bantam (f)	AA	
Atom (m)	AA		Bantam (m)	AAA	
Atom (f)	AA		Midget (m)	A	
Atom (m)	AAA		Midget (f)	A	
Pee Wee (m)	A		Midget (m)	AA	
Pee Wee (f)	A		Midget (f)	AA	
Pee Wee (m)	AA		Midget (m)	AAA	
Pee Wee (f)	AA				
Pee Wee (m)	AAA				

We hereby agree to abide by the Constitution, By-Laws and Regulations of Hockey PEI and Hockey Canada.

Signature: _____ Date: ___/___/___ Signature: _____ Date: ___/___/___
(President) (Month/Day/Year) (VP and/or Treasurer) (Month/Day/Year)

FOR OFFICE USE ONLY:

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

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

Instructions: Please submit form to the Hockey PEI office by October 15th.