



HOCKEY NL  
P.O. BOX 176, GRAND FALLS-WINDSOR, NL A2A 2J4



**APPLICATION FOR SPECIAL AFFILIATION**

**HIGHER CATEGORY TEAM:**

\_\_\_\_\_

**LOWER CATEGORY/DIVISION TEAM:**

\_\_\_\_\_

\_\_\_\_\_

**PLAYER'S NAME**

**TEAM**

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We the undersigned, on behalf of the above teams, make application to special affiliate our player(s) as provided by Hockey Canada Regulation E9-39. This special affiliation is valid when a signed copy has been returned to the applicable teams and a copy has been filed at the HNL Office. The special affiliation will terminate at the end of the current playing season.

\_\_\_\_\_  
President of Higher Team (Please Print)

\_\_\_\_\_  
President of Lower Team (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Secretary of Higher Team (Please Print)

\_\_\_\_\_  
Secretary of Lower Team (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date of Application: \_\_\_\_\_  
Deadline for Special Affiliations is January 15.

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Date Approved by Branch

\_\_\_\_\_  
HNL Authorization