



SPECIAL AFFILIATION FORM

PLEASE PRINT

FORMS MUST BE FILED WITH HNS OFFICE BY JANUARY 15 of the current season.

Special Affiliate Player Name: _____

Player's Date of Birth (mm/dd/yy): _____

Position: _____

Affiliate Player's Team/Association: _____
(Team Name & Category)

Higher Category Team: _____
(Team Name & Category)

We, the undersigned Presidents and Secretaries of the above named teams, hereby agree to these teams affiliation in accordance with Hockey Canada Affiliation Regulation E inclusive. We have read, and understand the Affiliation Regulations.

- 1. _____ , Pres. Higher Category Team _____
Date (mm/dd/yy)
- 2. _____ , Sec. Higher Category Team _____
Date (mm/dd/yy)
- 3. _____ , Pres. Lower Category Team _____
Date (mm/dd/yy)
- 4. _____ , Sec. Lower Category Team _____
Date (mm/dd/yy)
- 5. _____ , Player's Signature/Approval _____
Date (mm/dd/yy)

- 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 the Hockey NS Office and written approval attained from the HNS Executive Director, or designate.
- It is the responsibility of the higher category team to ensure that this form is completed and returned to Hockey NS prior to deadline.

HNS OFFICE USE:

DATE RECEIVED	DATE APPROVED	APPROVED BY