



HOCKEY NORTHWESTERN ONTARIO

REQUEST TO NAME SPECIALLY AFFILIATED PLAYERS

The _____ hereby request approval to specially affiliate the following named players, for the 2010-2011 season as per Hockey Canada regulations. The **final Date to request affiliations is January 15, 2011.**

	Player's Name	Team Registered With	President's Signature	Secretary's Signature
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Signature of Team Requesting Affiliation

_____ Team President

_____ Team Secretary

Date Signed _____