YORK ADULT HOCKEY LEAGUE

Summer Application Form



TEAM NAME or INDIVIDUAL PLAYER NAME

All teams v	vill play 15 regular season + 2 playoff games beginning the week of April 18
RETURNIN	G TEAM - SUMMER FEE : \$4100 TAX INC. NEW TEAM - SUMMER FEE : \$4350 TAX INC.
INDIVIDU	AL PLAYER - SUMMER FEE : \$315 TAX INC. INDIVIDUAL GOALIE - SUMMER FEE : \$100 TAX INC.
Team Re	p/Player Information : Name
E-Mail :	
Address :	City/Town:
Postal Code :	Phone No :
Preferred Nigh	t of Play: TUESDAY WEDNESDAY THURSDAY
Divisional Sk (A / B / C / I	ll Level . WHICH LEAGUE DID YOU MOST
Team	Roster - Max 16 players The YAHL reserves all rights to ACCEPT or DECLINE players and/or teams during the application/invitation process. We thank you for your interest in the YAHL!
1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

Payment arrangements can be made by phone or in-person at 905-642-7529 ext :5331 or email thomas.douma@townofws.ca