**AFFILIATION FORM 20\_\_ - 20\_\_   
TEAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CATEGORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYERS AND PLAYING COACHES:**

|  |  |  |  |  |  |  |  |  |  |
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|  | **AGE**  **Y D M** | | | **FIRST NAME** | **LAST NAME** | **M/F** | **Waiver Form** | **Declaration Form** | **S.B.A. APPROVAL** |
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**COACHES/MANAGERS:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **AGE**  **Y D M** | | | **FIRST NAME** | **LAST NAME** | **M/F** | **NCCP #** | **Waiver** | **Declaration** | **SBA Approval** |
| 1 |  |  |  |  |  |  |  |  |  |  |
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| 3 |  |  |  |  |  |  |  |  |  |  |

*This form must be completed, Sanction Form, and Affiliation fees submitted to the SBA office prior to touching the ice.*