



# 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)

Date (mm/dd/yy)

Date (mm/dd/yy)

2. \_\_\_\_\_, Pres. Lower Category Team \_\_\_\_\_  
Date (mm/dd/yy)

Date (mm/dd/yy)

Date (mm/dd/yy)

3. \_\_\_\_\_, Player's Signature/Approval \_\_\_\_\_  
Date (mm/dd/yy)

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.

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**HNS OFFICE USE:**

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
DATE APPROVED

\_\_\_\_\_  
APPROVED BY