



**JUNIOR SPECIAL PLAYER AFFILIATION FORM
(PRINT CLEARLY)**

Date: _____

NAME OF HIGHER CATEGORY TEAM:	PLAYING IN THE:
SIGNING OFFICER (PRINT):	SIGNATURE:
NAME OF LOWER CATEGORY TEAM:	PLAYING IN THE:
SIGNING OFFICER (PRINT):	SIGNATURE:
NAME OF AFFILIATED PLAYER (PRINT):	PLAYER'S HOCKEY CANADA ID # :
PLAYER'S DATE OF BIRTH: MM/DD/YR	PLAYER'S SIGNATURE:
BRANCH APPROVAL:	DATE OF APPROVAL:
IMPORT: YES NO	PARENT'S SIGNATURE:

PLEASE NOTE: ALL FIELDS MUST BE FILLED IN.