



**REINSTATEMENT APPLICATION (NON-SANCTIONED LEAGUE)**

This form should only be used if:

- (1) The Applicant has participated in a non-sanctioned league (NSL) after September 30 of the current season; and
- (2) The player, team official, or on-ice official wishes to be reinstated with Hockey Eastern Ontario in the current hockey season.

**Applicant Details (Please Print)**

Date Submitted: \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
Surname First Name Initial

Date of Birth (D/M/Y): \_\_\_\_\_

**The Applicant wishes to be reinstated so that he/she may join the following organization this season:**

Organization: \_\_\_\_\_ Division/ Category: \_\_\_\_\_

MHA/League: \_\_\_\_\_

Position (player, coach, trainer, on-ice official, etc.): \_\_\_\_\_

**The Applicant last participated with the following NSL this season:**

Team/League: \_\_\_\_\_ Division/ Category: \_\_\_\_\_

City/Province/State: \_\_\_\_\_

Position (player, coach, trainer, on-ice official, etc.): \_\_\_\_\_

Date of Last Participation with NSL: \_\_\_\_\_

Number of Games Participated in with NSL: \_\_\_\_\_

The following **MUST** be included in this application, or it will **NOT** be brought forward to the Hockey Eastern Ontario Reinstatement Committee:

- This form
- \$200.00 non-refundable fee (payable to Hockey Eastern Ontario)
- Further information, on a separate page, explaining why the Applicant should be reinstated. At a minimum, this should include a personal note from the player explaining the special circumstances that would support his/her request for early reinstatement.

- A letter from the Hockey Eastern Ontario team that the player wishes to join indicating whether the addition of the player would require another player on the team's roster to be displaced and, if so, advising as to what other playing options are available to that displaced player.

**Member Use Only**

Please forward the completed registration appeal renewal package to: Reinstatement Committee c/o Jeff Baker, Hockey Eastern Ontario, [jbaker@hockeyeasternontario.ca](mailto:jbaker@hockeyeasternontario.ca).

Please indicate: Approve: \_\_\_\_\_ Deny: \_\_\_\_\_ Date: \_\_\_\_\_

**Please also attach the MHA/League Position, complete with authorized signature.**

Hockey Eastern Ontario will request the MHA/League position, if not attached, following receipt of the Application materials described above. The Reinstatement Committee may request further information from the Applicant directly or via the MHA/League.

The Applicant is **NOT eligible** to participate in any Member/Hockey Canada activity until such time as a decision has been made on his/her application. The decision will be communicated to the MHA/League and/or the Applicant within 48 hours after it has been made.