



19 SPECIALTY AFFILIATED PLAYER LISTING
PLEASE PRINT CLEARLY

AFFILIATION LIST FOR:

(TEAM NAME)

The Final Date to request affiliations is January 15th.

	SURNAME	GIVEN NAME	BIRTH DATE M/D/Y	DIVISION	TEAM NAME	GOALIE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

ODHA APPROVAL:

DATE APPROVED: