■ YORK ADULT HOCKEY LEAGUE

Summer 2025 Team Application Form



TEAM NAMI	E			
ا ال teams will pl	ay 15 regular sea	ason + 2 playoff game	s beginning the week	of April 1
RETURNING TEAM	M - SUMMER FEE : \$420	D TAX INC.	EAM - SUMMER FEE : \$4500 TAX	INC.
Team Rep/Pla	yer Information :	Name		
E-Mail :			DOB:	
Address :				
Postal Code :		Phone No :		
Notes for	THE SECOND SHAPE STATE OF THE SECOND STATE OF	a vi to a total commissional arrangement when when it	Vednesdays, C/D level ted	ams
		play Tuesdays or Thurs		
Preferred Night of Play	TUESDAY C/D Level	WEDNESDAY A/B Level	THURSDAY C/D Level	
Divisional Skill Level	·	VHICH LEAGUE DID YOU MOST RECENTLY PLAY IN?		
Team Roster - I	nclude FT and PT p		o ACCEPT or DECLINE players and/or teams	
realli Rostel	nerade i i dina i i p	during the application/invitat	ion process. We thank you for your interest	
FT - 1		FT - 11		
FT - 2		FT - 12		
FT - 3		FT - 13		
FT - 4		FT - 14		
FT - 5		FT - 15		
FT - 6		Spare		
FT - 7		Spare		
FT - 8		Spare		
FT - 9		Spare		
FT - 10		Spare		

email thomas.douma@townofws.ca for more information