Summer 2024 Application Form



TEAM NAME or INDIVIDUAL PLAYER NAME

All tea	ms w	ill play	15 regu	lar seas	on + 2	play	off ga	mes k	eginr	ning th	e wee	k of A	oril 10	
	RETURNING TEAM - SUMMER FEE : \$4100 TAX INC.							■ NEW TEAM - SUMMER FEE : \$4400 TAX INC.						
☐ INDI	VIDUAI	. PLAYER	- SUMMER	FEE : \$315 T	AX INC.		☐ IN	DIVIDUA	L GOAL	IE - SUMN	ИER FEE	: \$100 TA	AX INC.	
Tea	m Rep	/Playe	r Informa	ation :	N	ame								
E-Mail	•													
Address	:						25							
Postal C	ode:			Ph	one No :									
Preferre	d Night	of Play:	TUESDAY	•	WE	DNES	SDAY			THURS	SDAY			
Notes fo	r Night	s of Play	- A/B leve	l teams pla	<u>y primaı</u>	rily We	ednesde	ays; D/E	level te	<u>ams pla</u> y	primar	ily on Th	nursday	
	nal Skill / C / D			WHICH L			MOST	:						
Te	am R	oster -	Max 16 p	layers						CLINE player thank you fo			AHL!	
1						9								
2						10								
3						11								
4						12								
5						13								
6						14								
7						15								
8						16								

Payment arrangements can be made by phone or in-person at 905-642-7529 ext:5331 or email thomas.douma@townofws.ca