## ■ YORK ADULT HOCKEY LEAGUE

## Summer 2025 Individual Application Form



PLAYER NAME			
All teams will play 15 regul	lar season + 2 playoff g	games beginning the w	eek of April 15
☐ INDIVIDUAL SKATER FEE: \$325 T	A 05	INDIVIDUAL GOALIE FEE: \$100 TA	-71
Player Information :			
E-Mail :		DOB:	
Address :	•		
Postal Code :	Phone No :		
Notes for Nights of Plo  Preferred Night of Play:  TUESDAY  C/D Level	ay : A/B level teams only only play Tuesdays or WEDNESDAY A/B Level	play Wednesdays, C/D level Thursdays THURSDAY C/D Level	el teams
Divisional Skill Level (A / B / C / D / E)	WHICH LEAGUE DID YOU RECENTLY PL	인가(1975명)	
Preferred Teammates		all rights to ACCEPT or DECLINE players and/i ion/invitation process. We thank you for your	
PT - 1	PT - 6		
PT - 2	PT - 7		
PT - 3	PT - 8		
PT - 4	PT - g		
PT - 5	PT - 10		

email thomas.douma@townofws.ca for more information