**GREATER TORONTO HOCKEY LEAGUE**

**HOUSELEAGUE SIGNING OFFICER/AFFILIATION FORM**

THIS FORM MUST BE COMPLETED AND REGISTERED WITH THE G.T.H.L. OFFICE, ***NO LATER THAN JUNE 30of the season in which it is to apply (Article 4.6)****.* EACH ORGANIZATION **MUST** HAVE A MINIMUM OF TWO (2) SIGNING OFFICERS.

EXECUTIVE LIST FOR

PLEASE FILL IN YOUR EXECUTIVE FOR THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEASON.

Affiliation Fee must be paid before registration certificates can be issued.

PLEASE FILL IN YOUR EXECUTIVE FOR THE UPCOMING SEASON. ONE OF THE SIGNING OFFICERS **MUST BE THE HOUSELEAGUE CONTACT** OF THE ORGANIZATION.

***PRESIDENT:***

ADDRESS

CITY POSTAL CODE:

RES.PHONE #: PUBLICIZED - YES: NO:

BUS.PHONE # PUBLICIZED - YES: NO:

CELL # PUBLICIZED - YES: NO:

FAX # PUBLICIZED - YES: NO:

E-MAIL ADDRESS: PUBLICIZED - YES: NO:

WEBSITE ADDRESS: PUBLICIZED - YES: NO:

***HOUSELEAGUE CONTACT:***

ADDRESS

CITY POSTAL CODE:

RES.PHONE #: PUBLICIZED - YES: NO:

BUS.PHONE # PUBLICIZED - YES: NO:

CELL # PUBLICIZED - YES: NO:

FAX # PUBLICIZED - YES: NO:

E-MAIL ADDRESS: PUBLICIZED - YES: NO:

WEBSITE ADDRESS: PUBLICIZED - YES: NO:

***REGISTRAR:***

ADDRESS

CITY POSTAL CODE:

RES.PHONE #: PUBLICIZED - YES: NO:

BUS.PHONE # PUBLICIZED - YES: NO:

CELL # PUBLICIZED - YES: NO:

FAX # PUBLICIZED - YES: NO:

E-MAIL ADDRESS: PUBLICIZED - YES: NO:

WEBSITE ADDRESS: PUBLICIZED - YES: NO:

***TREASURER***

ADDRESS

CITY POSTAL CODE:

RES.PHONE #: PUBLICIZED - YES: NO:

BUS.PHONE # PUBLICIZED - YES: NO:

CELL # PUBLICIZED - YES: NO:

FAX # PUBLICIZED - YES: NO:

E-MAIL ADDRESS: PUBLICIZED - YES: NO:

WEBSITE ADDRESS: PUBLICIZED - YES: NO:

***COACH MENTOR* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDRESS

CITY POSTAL CODE:

RES.PHONE #: PUBLICIZED - YES: NO:

BUS.PHONE # PUBLICIZED - YES: NO:

CELL # PUBLICIZED - YES: NO:

FAX # PUBLICIZED - YES: NO:

E-MAIL ADDRESS: PUBLICIZED - YES: NO:

WEBSITE ADDRESS: PUBLICIZED - YES: NO:

***Referee-In-Chief***

ADDRESS

CITY POSTAL CODE:

RES.PHONE #: PUBLICIZED - YES: NO:

BUS.PHONE # PUBLICIZED - YES: NO:

CELL # PUBLICIZED - YES: NO:

FAX # PUBLICIZED - YES: NO:

E-MAIL ADDRESS: PUBLICIZED - YES: NO:

WEBSITE ADDRESS: PUBLICIZED - YES: NO:

*SPECIMEN SIGNATURES OF SIGNING OFFICERS:*

1.

(Please print) (Signature)

2.

(Please print) (Signature)

# NOTES: Please indicate any special instructions below

**Privacy Statement for Documents other than Registration Cards:** The Greater Toronto Hockey League (GTHL) is committed to respecting and protecting the privacy of our Member Partners, their Associations, individual members, their families and our employees. The information collected on this form will be used for the sole purpose of administering the Rules, Regulations and By Laws of the GTHL and/or for the purpose of registering the individual in the program for which they have enrolled and may be used to provide them with the information necessary for participation.