

LEAGUE CONTACT INFORMATION FORM

LEAGUE DETAILS _____ Start Date _____ End Date _ League Name __ MONTH Draft ☐ Number of Players _____ Team Based ☐ Number of Teams ___ **LIST TEAM NAMES ON PAGE 2** PRESIDENT/CONVENOR Home (Name Work (Address ______ Prov. ____ Postal Code _____ Fax (E-mail VICE-PRESIDENT _____ Home () Name _____ ext _____ Fax (_____) _____ Work F-mail TREASURER Name ext E-mail **SECRETARY** _____ Home (Name ext Work E-mail TO BEST SERVE YOUR SPECIFIC NEEDS, PLEASE TAKE A MOMENT AND COMPLETE THE FOLLOWING DOES YOUR LEAGUE HOST: ☐ Yes ☐ No Tournament Name Tournament(s) Banquet(s)/Socials ☐ Yes ☐ No Date _ Date Do you look for prizing options for your league? \square Yes \square No Who is your Referee Assignor (if applicable)? Which arena does your league play out of? ___

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I CONSENT TO RECEIVE $-\square$ All, \square Ice Chips, \square Hockey Hub, \square CHWC eletter, \square third party promotions.

CARHA 🖪 HOCKEY

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LEAGUE TEAMS

1)	Team Name	
2)	Team Name	
3)	Team Name	
4)	Team Name	
5)	Team Name	
6)	Team Name	
7)	Team Name	
8)	Team Name	
9)	Team Name	
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11)	Team Name	
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16)	Team Name	
17)	Team Name	
18)	Team Name	
19)	Team Name	
20)	Team Name	