



TRAVELLERS HOCKEY LEAGUE TEAM INFORMATION FORM

(Please print and complete this form, and submit with your application)

TEAM NAME (IF KNOWN): _____

PREVIOUS TEAM NAME IF CHANGED: _____

PREVIOUS TEAM REP NAME(S) IF APPLICABLE: _____

NAME OF **1st TEAM REPRESENTATIVE**: _____

ADDRESS: _____

_____ POSTAL CODE: _____ PROV. _____

E-MAIL: 1st Choice _____

2nd Choice _____

TEL: (H) _____ (W) _____

FAX: _____ CELL _____

NAME OF **2nd TEAM REPRESENTATIVE**: _____

ADDRESS: _____

_____ POSTAL CODE: _____ Prov. _____

E-MAIL: 1st Choice _____

TEL: (H) _____ (W) _____

FAX: _____ CELL _____

PLEASE SPECIFY LEAGUES, IF ANY, THAT THIS TEAM PLAYED IN LAST YEAR (Please specify League):

WINTER: _____ No. of years _____

SUMMER: _____ No. of years _____

What is the age range of your team: _____ Approximately, what % of your team would you say is over the age of 35? _____

The main colour of your team sweaters is: set #1 _____ set #2 _____

Divison last year _____ . What calibre would your team like to play this year:

* RETURNING TEAMS: Compared to last summer, would like same caliber, or how many divisions up or down? _____

Compared to last winter, would like same caliber, or how many divisions up or down? _____

* NEW TEAMS: Please describe strength of your team (Strongest = A , Weakest = K)

Please circle: A B C D E F G H I J K

PLEASE NAME SOME TEAMS IN THE TRAVELLERS LEAGUE THAT YOU THINK WOULD BE ABOUT THE SAME CALIBER AS YOUR TEAM. (Please indicate if they were summer or winter teams).

COMPARABLE SUMMER TEAMS: _____

COMPARABLE WINTER TEAMS: _____