



PROVINCIAL CHAMPIONSHIP AFFILIATION LIST

TEAM NAME: _____

MAILING ADDRESS: _____

COACH CONTACT: _____

PHONE NUMBER: _____ EMAIL: _____

MANAGER CONTACT: _____

PHONE NUMBER: _____ EMAIL: _____

IMPORTANT:

All submissions must be received by the RNS office by the deadline noted in RNS policy.

ADDITIONS & DELETIONS

	PLAYER NAME ADDITIONS	PI #	SKATER/GOALIE
1			
2			
3			
4			
5			
6			
7			

PRINT THIS FORM

AGE DIVISION: (Check appropriate Age Division. For Divisions U14 and older, please check which level is applicable)

- | | |
|------------------------------|--|
| <input type="checkbox"/> U12 | <input type="checkbox"/> U14 |
| <input type="checkbox"/> U10 | <input type="checkbox"/> U16 |
| | <input type="checkbox"/> U19 |
| | <input type="checkbox"/> 18+ |
| LEVEL | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> AA |

PLEASE EMAIL THIS COPY TO: ringette@sportnovascotia.ca

Association Approval _____ Coach Release Approval _____

Date _____ Date _____

BEFORE SUBMITTING:

Before submitting this form, please check to ensure all details are correct.

Association President (or designated Board Member) must approve prior to submitting to RNS.

18+ Player Call-ups require originating team coach and association approval prior to submitting.

NOTE: Print Your Form.

* Required Copy for records at your Championship