

GREATER TORONTO HOCKEY LEAGUE

2011-2012 HOUSELEAGUE SIGNING OFFICER/AFFILIATION FORM

This form must be completed and returned to the GTHL Office **NO LATER THAN JUNE 30TH, 2011.**
Each organization **MUST** have a minimum of TWO (2) SIGNING OFFICERS. Affiliation Fee must be paid before registration certificates can be issued.

NAME OF ORGANIZATION: _____

PLEASE FILL IN YOUR EXECUTIVE FOR THE 2009-2010 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: _____

over/ . . .

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: _____

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.