

# GREATER TORONTO HOCKEY LEAGUE

## 2014-2015 HOUSELEAGUE SIGNING OFFICER/AFFILIATION FORM

This form must be completed and returned to the GTHL Office NO LATER THAN JUNE 30<sup>TH</sup>, 2014. 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 2014-2015 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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***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: \_\_\_\_\_

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***SPECIMEN SIGNATURES OF SIGNING OFFICERS:***

1. \_\_\_\_\_ (Please print) \_\_\_\_\_ (Signature)

2. \_\_\_\_\_ (Please print) \_\_\_\_\_ (Signature)

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***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.