



2018-19 WINTER TEAM REGISTRATION FORM TEAM APPLICATION



MANDATORY FORM FOR ALL TEAM ENTRIES (PLEASE PRINT CLEARLY)

TEAM INFORMATION

TEAM NAME	REGISTRATION NUMBER <small>(Administration Use ONLY)</small>
JERSEY COLOUR	ALTERNATE JERSEY COLOUR (if applicable)

TEAM REPRESENTATIVE INFORMATION

FIRST NAME	LAST NAME		
	-		
STREET	CITY	POSTAL CODE	GENDER (M/F)
	-	-	-
HOME PHONE NUMBER	CELL PHONE NUMBER	DATE OF BIRTH (DD/MM/YY)	
		-	
<input style="width: 100%;" type="text"/> <small>EMAIL ADDRESS (for DCAHL use only - this is our PRIMARY method of communication!!)</small>			

HISTORICAL

WHERE DID YOU PLAY LAST WINTER SEASON?

		<input type="checkbox"/>	<input type="checkbox"/>
LEAGUE NAME	LOCATION OF LEAGUE	DIV.	Didn't Play

TEAM PREFERENCES

NIGHT	WOMEN'S LEAGUE	Wednesday Night	<input type="checkbox"/>
	MEN'S LEAGUE	Thursday/Friday Nights (30+)	<input type="checkbox"/>
		Saturday/Sunday Mornings	<input type="checkbox"/>
LEVEL	ADVANCED (A/B)	INTERMEDIATE (C/D)	BEGINNER (E/REC)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEAM ROSTER

Please list all of the players on your roster and if they have played in the DCAHL in the past.

Position	Name	Birth Yr.	Played in DCAHL?
Goalie			
Player #1			
Player #2			
Player #3			
Player #4			
Player #5			
Player #6			
Player #7			
Player #8			
Player #9			
Player #10			
Player #11			
Player #12			
Player #13			
Player #14			
Player #15			

FINANCIAL DETAILS

MEN'S AND WOMEN'S TEAMS		
Current DCAHL team		New DCAHL team
\$5,546.02	<i>Price</i>	\$5,988.50
\$720.98	<i>Tax</i>	\$778.51
\$6,267	Total**	\$6,767
23 regular season games + 2 playoff games (minimum)		
**All Money is DUE on December 31st, 2018 - a 5% penalty on all outstanding balances will apply on January 1st, 2018		

The DCAHL reserves all rights to ACCEPT or DECLINE players and/or teams during the application/invitation process. We thank you for your interest in the DCAHL!

PAYMENT TERMS FOR TEAM REGISTRATION

TEAM DEPOSIT - JUL. 31	\$1,000
1ST PAYMENT - AUG. 31	\$2000 OF BALANCE PAID
2ND PAYMENT - SEPT. 30	\$3000 OF BALANCE PAID
3RD PAYMENT - OCT. 31	\$4000 OF BALANCE PAID
4TH PAYMENT - NOV. 30	\$5000 OF BALANCE PAID
FINAL PAYMENT - DEC. 31	TOTAL BALANCE PAID

Missed payment deadlines will result in the suspension of your team rep for the first week following the appropriate deadline. If payment is still outstanding following a team rep suspension, your team will be removed from the schedule until payment is received.

CREDIT CARD INFORMATION (MANDATORY)

<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX
CREDIT CARD NUMBER		
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CARDHOLDER NAME		Expiry
TRANSACTION AMOUNT		Mo. Yr.
SIGNATURE		
By signing the box above, you authorize DCAHL staff to credit your card in the amount listed above ("Transaction Amount"), unless other arrangements have been made.		