North Jersey Youth Roller Hockey Association
Team Application 2025-2026 Season

Date: _____

Town: _____ Representative: _____

How many teams will you be entering in each level for each division? If you are not entering teams in a specific level or division, please write in 0.

Midget _____

Junior _____

Senior _____

Total Teams: _____ X $215.00 each = $ _____

Please make all checks payable to NJYRHA and mail a check for the total number of teams you will be entering to:

Barry Huston
235 Washington Avenue
Hawthorne NJ 07506

To the best of your ability please list town you expect to draw players from that are not covered under your Town Charter

_____
_____
_____
_____
_____

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League Use Only

Received by Secretary _____Fee Paid in Full $_____ Approved _____