North Jersey Youth Roller Hockey Association
Charter Application 2025 – 2026 Season

Town(s)_____

League Representative: _____

Address: _____

Phone Number (Home/Work/Cell): _____ Email: _____

Alternate League Representative: _____

Address: _____

Phone Number (Home/Work/Cell): _____ Email: _____

How many teams do you have at each level?

Midget		Junior		Senior	

Do you have an existing rink? Yes/No

If no, where will you play your "home" games? _____

Do you have toilet facilities? Yes/No

Do you have a concession area? Yes/No

Do you have stands/bleachers for spectators? Yes/No

Do you have lights at your rink? Yes/No

If yes, is there a curfew or any other restrictions? _____

Is your local recreation department supporting your program? Yes/No

If yes, describe what parts are and to what extent, such as maintenance of facility, league fees, referees' fees, general contribution, etc.

_____
_____
_____
_____

For this application to be considered complete you must include the following:

1. Local League Membership Fee
   a. Make checks payable to "NJYRHA"
2. Barry Huston
   235 Washington Avenue
   Hawthorne NJ 07506
3. Certificate of Insurance

For League Use Only:
Date paid in full: _____ ***Insurance Certificate Attached:*** _____