



Noralta Junior Hockey League New Team Application

Team/Organization contact. Please provide name, contact number and email

Team name: _____ Organization: _____
Coach: _____ Phone: _____ Email: _____
Manager: _____ Phone: _____ Email: _____
Director: _____ Phone: _____ Email: _____

Team Information:

1. Are you a part of an Association or independent team? (please circle one)
2. Do you have approval from your organization or association to enter your team into Noralta? Yes ___ No ___
3. Does your Coaching staff have Coaching qualifications, Respect in Sport and Safety? Yes ___ No ___
4. Briefly explain your finance plan for your team:

5. Has your team or your organization been in the Junior C league before? Yes ___ No ___
6. Which season are you applying for?
7. Is your home arena within the allowable 50 km travel radius? Yes ___ No ___

Team Membership Deposit

Pursuant to application approval from Noralta board of Directions, there is a \$500 deposit required to secure your place in the league. This deposit is refundable at the start of your second season following one full year of membership.

Statement of understanding

I, _____ (Authorized Representative) have read, understand, and agree with the Noralta New Team Requirements and Information page dated February 17, 2017.

Date : _____ Signature: _____
Print Name: _____