## GREATER TORONTO HOCKEY LEAGUE HOUSE LEAGUE SIGNING OFFICER/AFFILIATION FORM

THIS FORM MUST BE COMPLETED AND REGISTERED WITH THE G.T.H.L. OFFICE, NO LATER THAN JUNE 30 of the season in which it is to apply (Article 4.6). EACH ORGANIZATION MUST HAVE A MINIMUM OF TWO (2) SIGNING OFFICERS. EXECUTIVE LIST FOR: PLEASE FILL IN YOUR EXECUTIVE FOR THE \_\_\_\_\_\_ SEASON. ONE OF THE SIGNING OFFICERS MUST BE THE GENERAL MANAGER OF THE ORGANIZATION. PRESIDENT: ADDRESS: CITY: \_\_\_\_\_ POSTAL CODE: RES.PHONE #: BUS.PHONE #: FAX #: \_\_\_\_ CELL #: \_\_\_\_\_ PUBLICIZED – YES: \_\_\_\_\_ NO: \_\_\_\_ E-MAIL: \*Address and phone numbers will no longer be publicized online. HOUSE LEAGUE CONTACT: ADDRESS: POSTAL CODE: \_\_\_\_ CITY: BUS.PHONE #: \_\_\_\_ RES.PHONE #: CELL #: \_\_\_\_\_ FAX #: \_\_\_\_\_ PUBLICIZED – YES: \_\_\_\_ E-MAIL: \_\_\_\_\_ NO: \_\_\_\_\_ \*Address and phone numbers will no longer be publicized online.

over/...

TREASURER:		
ADDRESS:		
CITY:		
RES.PHONE #:		
CELL #:	FAX #:	
E-MAIL:	PUBLICIZED – YES:	NO:
*Address and phone numbers will no longer be publicized online.	*This person will <u>NOT</u> receive access to the GTHL Portal.	
REGISTRAR:		
ADDRESS:		
CITY:		
RES.PHONE #:		
CELL #:		
E-MAIL:	PUBLICIZED – YES:	
*Address and phone numbers will no longer be publicized online.	*This person will <u>NOT</u> receive access to the GTHL Portal.	
COACH MENTOR:  ADDRESS:  CITY:	POSTAL CODE:	
RES.PHONE #:	BUS.PHONE #: FAX #:	
CELL #:	PUBLICIZED – YES:	NO:
*Address and phone numbers will no longer be publicized online.	*This person will <u>NOT</u> receive access to the GTHL Portal.	NO
REFEREE IN CHIEF:		
ADDRESS:		
CITY:	POSTAL CODE:	
RES.PHONE #:	BUS.PHONE #:	
CELL #:	FAX #:	
E-MAIL:	PUBLICIZED – YES:	NO:
*Address and phone numbers will no longer be publicized online.	*This person will <u>NOT</u> receive access to the GTHL Portal.	

OTHER:		
ADDRESS:		
CITY:	POSTAL CODE:	
RES.PHONE #:	BUS.PHONE #:	
CELL #:	FAX #:	
E-MAIL:	PUBLICIZED – YES: NO:	
*Address and phone numbers will no longer be publicized online.	*This person will receive access to the GTHL Portal.	
OTHER:		
TITLE:		
ADDRESS:		
CITY:	POSTAL CODE:	
RES.PHONE #:	BUS.PHONE #:	
CELL #:	FAX #:	
E-MAIL:	PUBLICIZED – YES: NO:	
*Address and phone numbers will no longer be publicized online.	*This person will receive access to the GTHL Portal.	
SPECIMEN SIGNATURES OF SIGNING OFF  1.	TICERS:	
(Please print) 2.	(Signature)	
(Please print)	(Signature)	

NOTES: Please indicate any special instructions in your email when returning this completed form.

**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.