

GREATER TORONTO HOCKEY LEAGUE
AUTHORIZED SIGNING OFFICERS

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 #: _____

CELL #: _____

FAX #: _____

E-MAIL: _____

PUBLICIZED – YES: _____ NO: _____

**Address and phone numbers will no longer be publicized online.*

GENERAL MANAGER: _____

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.*

over/ . . .

TREASURER: _____

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 NOT receive access to the GTHL Portal.*

REGISTRAR: _____

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 NOT receive access to the GTHL Portal.*

COACH MENTOR: _____

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 NOT receive access to the GTHL Portal.*

over/ . . .

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.*

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 OFFICERS:

1. _____

(Please print)

(Signature)

2. _____

(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.