



NICKEL DISTRICT MINOR HOCKEY LEAGUE

ASSOCIATION REGISTRATION

Hockey Association: _____ Year: _____
Mailing Address: _____
Postal Code: _____ Phone: _____ Fax: _____
Website: _____

President: _____
Mailing Address: _____
Postal Code: _____ Phone: _____ Fax: _____
Email: _____

NDHL Representative: _____
Mailing Address: _____
Postal Code: _____ Phone: _____ Fax: _____
Email: _____

Secretary: _____
Mailing Address: _____
Postal Code: _____ Phone: _____ Fax: _____
Email: _____

Referee-in-chief: _____
Mailing Address: _____
Postal Code: _____ Phone: _____ Fax: _____
Email: _____

Please return to: NDMHL,
Email: Joe.McColeman@ndmhl.ca
FAX 705-671-0392