



# TRAVELLERS HOCKEY LEAGUE TEAM INFORMATION FORM

(Please print and complete this form, and submit with your application)

TEAM NAME (IF KNOWN): \_\_\_\_\_

PREVIOUS TEAM NAME IF CHANGED: \_\_\_\_\_

PREVIOUS TEAM REP NAME(S) IF APPLICABLE: \_\_\_\_\_

NAME OF **1st TEAM REPRESENTATIVE**: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PROV. \_\_\_\_\_

E-MAIL: 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_

FAX: \_\_\_\_\_ CELL \_\_\_\_\_

NAME OF **2nd TEAM REPRESENTATIVE**: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ Prov. \_\_\_\_\_

E-MAIL: 1st Choice \_\_\_\_\_

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_

FAX: \_\_\_\_\_ CELL \_\_\_\_\_

PLEASE SPECIFY LEAGUES, IF ANY, THAT THIS TEAM PLAYED IN LAST YEAR (Please specify League):

WINTER: \_\_\_\_\_ No. of years \_\_\_\_\_

SUMMER: \_\_\_\_\_ No. of years \_\_\_\_\_

What is the age range of your team: \_\_\_\_\_ Approximately, what % of your team would you say is over the age of 35? \_\_\_\_\_

The main colour of your team sweaters is: set #1 \_\_\_\_\_ set #2 \_\_\_\_\_

What calibre would your team like to play:

\* RETURNING TEAMS: Compared to last summer,  would like same caliber, or how many divisions up or down? \_\_\_\_\_

Compared to last winter,  would like same caliber, or how many divisions up or down? \_\_\_\_\_

\* NEW TEAMS: Please describe strength of your team (Strongest = A, Weakest = K)

Please circle: A B C D E F G H I J K

PLEASE NAME SOME TEAMS IN THE TRAVELLERS LEAGUE THAT YOU THINK WOULD BE ABOUT THE SAME CALIBER AS YOUR TEAM. (Please indicate if they were summer or winter teams).

COMPARABLE SUMMER TEAMS: \_\_\_\_\_

COMPARABLE WINTER TEAMS: \_\_\_\_\_