



**OTTAWA DISTRICT HOCKEY ASSOCIATION
JUNIOR
Special Player Affiliation Form
(PRINT CLEARLY)**

Date: _____ 20__

Name of Higher Category Team: _____ League

Playing In The _____

Signing Officer (print) _____

Signature _____

Name of Lower Category Team _____

Playing In The _____

Signing Officer (print) _____

Signature _____

Name of Affiliated Player (print) _____

Player's Cert No. _____ Signature _____

Branch Approval _____ Date _____

Import Yes _____ No _____ Date of Birth Yr _____ Mo _____ Dy _____



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