SJJHL Draft Application

Contact Information:

Name: _____

Address: _____

City: Province: _____ Postal Code: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Personal Information:

Date of Birth: _____ Birthplace:_____

MCP Number: _____-_____

Height: _____ Weight: _____

Hockey History:

Position (s) Played: _____

Most Recent Minor Hockey Team: _____

Last Season Played: _____

Have You Been Released From Your Team: (Yes/No) _____

Teams Played For: _____

By submitting this application, I affirm that the information given is true and complete. I understand by having my name entered into the MBSJJHL Draft it is in accordance with the league's draft regulations and that I am eligible to be selected by either of the league's teams. I also understand that if I am picked by a team and refuse to play with that team selecting me I will forfeit my eligibility to play in the league until I am allowed to enter a future draft or I am transferred to another team. **Completed applications should be sent to Steven Clarke at steven83@hotmail.com**

_____	_____	_____
Name (Print)	**Signature**	**Date**