

YORK/NORTH CENTRAL BALL HOCKEY LEAGUES

FRANCHISE AGREEMENT BETWEEN THE YORK & NORTH CENTRAL BALL HOCKEY LEAGUES AND

APPLICANT'S NAME _____

1st INDIVIDUAL

FIRST NAME	LAST NAME
ADDRESS	CITY
POSTAL CODE	BIRTH DATE (Day-Month-Year)
HOME PHONE	CELL PHONE
WORK PHONE	FAX
E-MAIL ADDRESS:	

2nd INDIVIDUAL

FIRST NAME	LAST NAME
ADDRESS	CITY
POSTAL CODE	BIRTH DATE (Day-Month-Year)
HOME PHONE	CELL PHONE
WORK PHONE	FAX
E-MAIL ADDRESS:	

SEASON: SUMMER

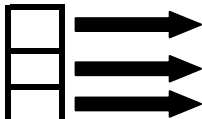
ARENA: 1) _____

DESIGNATION:

FALL

WINTER

SPRING



2) _____

3) _____

RINX, CLATWORTHY & VARIOUS N.Y. ARENAS

RINX ONLY

RINX, CLATWORTHY & VARIOUS N.Y. ARENAS

GOALIE

FWD/DEF

TEAM REP

SCHEDULING PREFERENCE:

WEEKNIGHT LEAGUE:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MON-FRI 7PM - 11PM EXCEPT AT RINX 6:30 - 11:30 (NO FRI GAMES SUMMER)
WEEKEND LEAGUE:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MOSTLY SUNDAYS WITH SOME SATURDAY GAMES. PLEASE NOTE FALL, WINTER AND SPRING GAMES ARE USUALLY HELD FROM 8AM - 12PM AND 4PM - 11PM.
SUNDAY LEAGUE: (SUMMER ONLY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MOSTLY SUNDAYS WITH OCCASIONAL WEEKNIGHT GAMES.

REGISTRATION FEE PAYMENTS:

TOTAL PRICE (INCLUDES HST):

#	DATE	AMOUNT	METHOD OF PAYMENT			CONVENOR'S SIGNATURE
1			CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	BOTH <input type="checkbox"/>	
2			CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	BOTH <input type="checkbox"/>	
3			CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	BOTH <input type="checkbox"/>	

I, the undersigned, hereby take full responsibility for injury to my person in the course of any ball hockey game organized or sanctioned by the York & North Central Ball Hockey League. Furthermore, I am in sufficient physical condition in my opinion to be playing competitive ball hockey. I hereby clear the York & North Central Ball Hockey League and its agents of any liability in the event of injury to my person, damage or theft of any liability in the event of injury to my person, damage or theft to my possessions or personal property that occurs or arena premises before, during or after any league game. I hereby commit myself to follow all rules and regulations outlined by the York & North Central Ball Hockey League either verbally or in other printed material.

All Deposits are non-refundable

The Franchise agrees to obey all rules and regulations of the York & North Central Ball Hockey League. The York & North Central Ball Hockey League reserves the right to amend rules at any time deemed necessary from time to time.

Each player on your team must be registered on your roster. If not your team will be suspended. All fines and outstanding dues must be paid by agreed dates. If not paid this will result in league suspension.

This agreement will be governed and construed in accordance with the laws of the Province of Ontario and shall be treated in all respects as an Ontario Contract.

This agreement represents a complete understanding between the York & North Central Ball Hockey League and the Franchise owner. The undersigned is personally responsible for payment of all outstanding registration fees on or before the dates agreed upon (above) to the York & North Central Ball Hockey League.

The Franchise will follow and abide all league rules in accordance with the York & North Central Ball Hockey League, Ontario Ball Hockey Association and Canadian Ball Hockey Association.

NAME: _____

DATE: _____

SIGNATURE: _____

YCBHL/NCBHL CONTACT: (416) 631-3808 or www.ycbhl.com
ADMISSION AT THE DOOR