



Sturgeon Falls Men's Recreational Oldtimers Hockey League Application

Name _____

Date _____

Address _____

Phone # _____

Email _____

Date of Birth _____

Year

Month

Day

This is my formal submission to join the Sturgeon Falls Men's Recreational Oldtimers Hockey League.

I understand there is a waiting to become a member and wish that my name be added to the list.

I understand priority to join is based on both my calibre of play and the date this application form is submitted.