

**NORTHERN ILLINOIS HOCKEY LEAGUE
APPLICATION FOR PLAYING PRIVILEGES**

Organization Name: _____
Street Address: _____
City, State, Zip: _____

Season Applying for: 20____ - 20____

President: _____	NIHL Rep: _____
Telephone: _____	Telephone: _____
E-mail: _____	E-mail: _____

Registrar: _____	Treasurer: _____
Telephone: _____	Telephone: _____
E-mail: _____	E-mail: _____

Last Season in NIHL: 20____ - 20____ (See **Fees** if you did not participate in NIHL last season)

Division(s) Applying for:

Girls 10U	<input type="checkbox"/>	Youth 18 & Under Midget	<input type="checkbox"/>
Girls 12U	<input type="checkbox"/>	Youth 16 & Under Midget	<input type="checkbox"/>
Girls 14U	<input type="checkbox"/>		
Girls 16/19U	<input type="checkbox"/>		

On behalf of the above named organization, I attest that the above is true and accurate information as to the best of my knowledge and belief on this date. The named organization is aware of and agrees to abide by the By-Laws and Rules and Regulations of The Northern Illinois Hockey League upon approval of this application and the granting of playing privileges. It is explicitly understood, that the granting of playing privileges is for the 20____ - 20____ playing season only and does not grant the above named organization membership or voting rights in The Northern Illinois Hockey League.

Authorized Signature _____
Date

Submit application to:
Youth Midget Divisions, email to: apter.robert@gmail.com
Girls Gold Divisions, email to: medina21@comcast.net

Fees with Application: \$250 Application fee non-refundable, \$1,000 Bond per team refundable at season-end
Send fee payment to: Larry Beller, NIHL Treasurer 116 E. Fabish Drive, Buffalo Grove, IL 60089