

N. A. P. E. BLACK HORSE HOCKEY LEAGUE

APPLICATION FORM

2008 - 2009 SEASON

Name \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Division \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Played in League last year      Yes \_\_\_\_\_      No \_\_\_\_\_

NAPE Local 7104 Member      Yes \_\_\_\_\_      No \_\_\_\_\_      Membership # \_\_\_\_\_

Position preferred 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

Regular \_\_\_\_\_      Spare \_\_\_\_\_

I pledge to assist the League Committee to raise funds to support the League during the coming season.

I agree to indemnify and save harmless the NAPE Black Horse Hockey League, its officials and Executive from any and all claims for damages occurring from injury to person or loss of property arising out of the participation in the above mentioned hockey league.

The signature below indicates this release has been read, understood and agreed to.

WEB SITE: [www.geocities.com/napehockey](http://www.geocities.com/napehockey)

\_\_\_\_\_  
SIGNATURE

The Executive recommends that all players wear some type of face protection to prevent injury to the facial area..