

**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: \_\_\_\_\_

Division(s) Applying for:

Girls 10U	<input type="checkbox"/>
Girls 12U	<input type="checkbox"/>
Girls 14U	<input type="checkbox"/>
Girls 16U	<input type="checkbox"/>
Girls 19U	<input type="checkbox"/>

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

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 playing season indicated above only and does not grant the above named organization membership or voting rights in The Northern Illinois Hockey League.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

Submit application via email to: [NIHLPres@gmail.com](mailto:NIHLPres@gmail.com)  
[NIHLStatistician@gmail.com](mailto:NIHLStatistician@gmail.com)

**Fee before Scheduling: \$1,000 Bond refundable at season-end**

**Send fee payment to: Larry Beller, NIHL Treasurer 116 E. Fabish Drive, Buffalo Grove, IL 60089**