

**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:

NIHLPres@gmail.com

Girls Gold Divisions, email to:

NIHLStatistician@gmail.com

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