

**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:

- Youth 10 & Under (Squirt)
- Youth 12 & Under (PeeWee)
- Youth 14 & Under (Bantam)
- Youth 16 & Under (Midget)
- Youth 18 & Under (Midget)

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
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