



HOCKEY ALBERTA

Player Verification Form*

*Relative to Provincial Categorization Pilot

This form shall be filled out entirely by player(s) who reside outside the associations boundaries. The intent of this document is to determine whether the player is to be classified as an import or non-import. It shall determine what number(s) this association may be required to carry for this player from other associations.

REQUESTING MINOR HOCKEY ASSOCIATION: _____

ZONE: _____ EMAIL: _____ FAX: _____

-PLEASE PRINT-

Players
Name Last _____ First _____ Initial _____

Address _____ City _____ PC _____

Legal Land Location _____ Phone # _____ Hockey ID#: _____

*Association Played for last _____ Season _____

*Association Categorization for Player Movement: (*Circle applicable)

*Category Number of Registered Players in Association and consequent number to carry relative to Provincial Categorization Pilot

AA	201-450	(Number to carry: 86)
A	136-200	(Number to carry: 49)
B	101-135	(Number to carry: 32)
C	66-100	(Number to carry: 20)
D	65 and below	(Number to carry: 12)

Current Association and Team _____

Date of Birth _____ Are you a Goaltender? _____

Please state reasons for Player Registration here:

- There is no Team in my Age/Division in My Resident Association (the one who's boundaries I live in)
- My Resident Association has a team but it is FULL (17 skaters, 2 goaltenders)
- My Resident Association and this Association joined together so we had enough for a team
- Other (Please explain): _____

Parent Signature _____ Phone # _____ Date _____

Association President _____ Phone # _____ Date _____

Conditions: _____

Minor Zone Chairperson _____ Date _____

Please submit any additional information ie. letters from other Association.

Please note: Due to the fact some of these P.V. Forms have been submitted quite early, the classification of said player may change; as per the January Draw Meeting.

Zone # _____
Case # _____