

Players Form

Introduction

In keeping with our mission the Metro Hockey League wants to:

- Ensure that any eligible player has a place to play.
 - At the appropriate level
 - Within the player's home district or nearest to residence
- Make the process of placing players more efficient.
- Ease frustration of disenfranchised players and their families

Complete this form only if your home hockey association does not have a team in the Metro Hockey League. This form does not supplant the Waiver Process

Instructions

- Complete the form
- Email to d6rep@live.com
- **Once you are placed you will be contacted**

Player information

First name	_____
Last name	_____
Street Address	_____
City, State, Zip Code	_____
Home phone number	_____
Cell phone number	_____
Email address	_____
Date of birth	_____
High School and grade	_____
Last association played for	_____
Level of play last year	_____
Desired position	_____

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