



2009-10 Dual State Hockey Leagues Application

Youth Organization: _____

President: _____

Address: _____

City/State: _____ Zip: _____

Phone # _____ - _____ - _____ Email Address: _____

League Rep: _____

Address: _____

City/State: _____ Zip: _____

Phone # _____ - _____ - _____ Email Address: _____

Of Games

	# Of Games		# Of Games		# Of Games	
	10 wks	Full year	28 - 30	40 - 45	28 - 30	40 - 45
Midget Major I						
Midget Major II						
Midget Minor I						
Midget Minor II						
Bantam I						
Bantam II						
Bantam III						
Bantam IV						
Pee Wee I						
Pee Wee II						
Pee Wee III						
Pee Wee IV						
Squirt I						
Squirt II						
Squirt III						
Squirt IV						
Mite I						
Mite II						
Mite III						
Additional Teams:						

Total Number of teams _____ x \$50 = _____ please make check payable to WYHL, Inc.
Due by June 15, 2009