



2025-26 WINTER TEAM REGISTRATION FORM
TEAM APPLICATION



MANDATORY FORM FOR ALL TEAM ENTRIES (PLEASE PRINT CLEARLY)

TEAM INFORMATION										
TEAM NAME					REGISTRATION NUMBER (Administration Use ONLY)					
JERSEY COLOUR					ALTERNATE JERSEY COLOUR (if applicable)					
TEAM REPRESENTATIVE INFORMATION										
FIRST NAME					LAST NAME					
STREET					CITY		POSTAL CODE			
HOME PHONE NUMBER			CELL PHONE NUMBER			DATE OF BIRTH (DD/MM/YY)				
					EMAIL ADDRESS (for DCAHL office use only)					
HISTORICAL										
WHERE DID YOU PLAY LAST WINTER SEASON?										
LEAGUE NAME				LOCATION OF LEAGUE			DIVISION		Didn't Play	
TEAM PREFERENCES					FINANCIAL DETAILS					
NIGHT	MEN'S LEAGUE				MEN'S SUNDAY - GAME TIMES STARTING AT 10:00AM - 4:00PM 22 SEASON GAMES MINIMUM INCLUDING PLAYOFFS					
	<div>Sunday AM</div> <div>Thursday PM</div> <div>Wednesday PM</div>				<div>Current DCAHL Team</div> <div>\$7,256.63 + HST</div> <div>\$8,199.99</div> <div>New DCAHL Team</div> <div>\$7,787.61 + HST</div> <div>\$8,800.00</div>					
					MEN'S THURSDAY GAME TIMES - 7:15PM, 8:15PM, 9:15PM x2, 10:15PM x2, 11:15PM x2 22 SEASON GAMES MINIMUM INCLUDING PLAYOFFS					
					<div>Current DCAHL Team</div> <div>\$7,256.63 + HST</div> <div>\$8,199.99</div> <div>New DCAHL Team</div> <div>\$7,787.61 + HST</div> <div>\$8,800.00</div>					
LEVEL	BUDWEISER (A/B)				BUD LIGHT (C/D)		KEITHS (E/REC)			
	JERSEY COLOUR				MEN'S WEDNESDAY GAME TIMES STARTING AT 8:30PM - 11:15PM 22 SEASON GAMES MINIMUM INCLUDING PLAYOFFS					
					<div>Current DCAHL Team</div> <div>\$7,256.63 + HST</div> <div>\$8,199.99</div> <div>New DCAHL Team</div> <div>\$7,787.61 + HST</div> <div>\$8,800.00</div>					
PAYMENT TERMS FOR TEAM REGISTRATION										
TEAM DEPOSIT - July 14th ** NON REFUNDABLE**					\$1,500					
1ST PAYMENT - Aug 11th					1/3 OF REMAINING BALANCE PAID (Return:2,233.33 / New:2,433.33)					
2ND PAYMENT - Sept 4th					2/3 OF REMAINING BALANCE PAID					
3RD PAYMENT - Sept 28th					TOTAL BALANCE PAID					
CREDIT CARD INFORMATION (MANDATORY)										
<div>VISA</div> <div>MC</div> <div>AMEX</div>		CREDIT CARD NUMBER		--		--		Expiry Mo. Yr.	CVV	
		CARDHOLDER NAME				SIGNATURE				
		TRANSACTION AMOUNT								
By signing this form, you authorize DCAHL staff to credit your card in the amount listed above ('Transaction Amount'), unless other arrangements have been made. All payments must be made prior to your APRIL 18 avoid forfeit or suspension until team fees are paid.										