



## ALUMNI ASSOCIATION APPLICATION

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Position: \_\_\_\_\_

Shirt Size:  Small  Medium  Large  XL  XXL

Please list the three most current years you played in the DVHL

| SEASON | ORANGZATION | DIVISION<br>(Mite-Midget) | Level<br>(THL-AA) |
|--------|-------------|---------------------------|-------------------|
|        |             |                           |                   |
|        |             |                           |                   |
|        |             |                           |                   |

Do you currently/have you ever played at the Junior or College Hockey?

YES

NO

IF YES please complete below.

| SEASON | LEAGUE | TEAM | LEVEL | POSITION |
|--------|--------|------|-------|----------|
|        |        |      |       |          |
|        |        |      |       |          |
|        |        |      |       |          |
|        |        |      |       |          |

Do you intend to tryout for a college team this upcoming season?

YES

NO

If Yes, where do you intend to tryout? \_\_\_\_\_

**Submit form to join Alumni EMAIL Ben@powerplayrinks.com FAX (877) 992-4071**

By submitting this form you agree to be contacted by the DVHL on DVHL Alumni news and you agree to allow the DVHL to use your name in print and on the DVHL website for promotion.