



## Team Entry 2026 Recreational Hockey Registration Form

|                                  |                          |  |
|----------------------------------|--------------------------|--|
| Sundays – D and C Levels         | <input type="checkbox"/> | *team fee is \$3795.00 - (12 games guaranteed)           |
| Mondays – D and C Levels         | <input type="checkbox"/> | *team fee is \$3795.00 - (12 games guaranteed)           |
| Mondays – 35 + division          | <input type="checkbox"/> | *team fee is \$3795.00 - (12 games guaranteed)           |
| Tuesdays – D and C Levels        | <input type="checkbox"/> | *team fee is \$4695.00 - (14 games guaranteed)           |
| Wednesdays – Premier Elite Level | <input type="checkbox"/> | *team fee is \$4495.00 - (12 games <u>plus</u> playoffs) |
| Thursdays – C and B Levels       | <input type="checkbox"/> | *team fee is \$4695.00 - (14 games guaranteed)           |

\*All TEAM entries include a ticket for each participant to the \*Year End Banquet"

### **INSTRUCTIONS:**

1. Fill out both pages of registration form in detail.
2. Send to [artbevis@newdirectionhockey.com](mailto:artbevis@newdirectionhockey.com)  
Or mail with payment to:  
*Hats Off Sports Groups c/o*  
New Direction Hockey  
553516 Mono Amaranth T Line, Amaranth, ON. L9W 0S9  
Attention: Recreational Hockey League

**TEAM NAME:**

**TEAM REP Contact Info:**

Full Name:

Address:

City:

Postal Code:

Home Phone:

Mobile Phone:

**\*\*Email:**

### **ALTERNATE TEAM REP Contact Info:**

Full Name:

Phone:

**\*\*Email:**

I, the undersigned hereby indemnify and save harmless **New Direction Hockey Leagues** from all actions, claims, and demands for damages, loss or injury howsoever arising which hereto after may be sustained by, and further agree to pay my league fees in accordance with **The New Direction Hockey Leagues** payment policy.

**Date:**

**Signature:**

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[www.newdirectionhockey.com](http://www.newdirectionhockey.com)

Phone- Art – 416-892-5748

Email: [artbevis@newdirectionhockey.com](mailto:artbevis@newdirectionhockey.com)

# NEW DIRECTION **NDH** HOCKEY

**DEPOSIT of \$500.00 MUST ACCOMPANY THIS REGISTRATION:**

Cash    Etransfer    Cheque #\_\_\_\_\_ Make all cheques payable to: "Hats Off Sports"

## **TEAM INFO:**

(Please Print)

|   |   |  |
|---|---|--|
| TEAM NAME:  |   |  |
| Team Rep Contact Name:                                      |   |  |
| Years team has been in existence:                           |   |  |
| <b>*League &amp; Division (from *2025 Season):</b>          |   |  |
| Which Division would you like to play in:                   | <input type="checkbox"/> Sunday - C, D Division       |  |
| <input type="checkbox"/> Monday - C, D Division             | <input type="checkbox"/> Monday – 35+                 | <input type="checkbox"/> Tuesday - C, D Division |
| <input type="checkbox"/> Wednesday – PREMIER ELITE Division | <input type="checkbox"/> Thursday – A, B, C Divisions |  |
| Jerseys Colours:  |   |  |

## **ROSTER:**