



Ontario Women's Hockey Association TEAM / ASSOCIATION / LEAGUE INFORMATION

The following information will be used to update our "Team / Association / League" database as we all work together to maximize the communication within female hockey in Ontario.

TEAM / ASSOCIATION / LEAGUE NAME: _____

MAIN CONTACT PERSON: _____

MAIN MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____ WEBSITE: _____

MAIN TEL #: () _____ MAIN FAX #: () _____

CELL: _____ Date Submitted: _____

E-MAIL: _____

PRESIDENT OPT-OUT *

Name: _____ Home #: () _____
 Address: _____ Work #: () _____
 City/Town: _____ PC: _____ Cell #: () _____
 Email: _____ Fax #: () _____

REGISTRAR OPT-OUT *

Name: _____ Home #: () _____
 Work: _____ Cell #: () _____
 Email: _____ Fax #: () _____

PRIVACY OFFICER OPT-OUT *

Name: _____ Home #: () _____
 Email: _____ Phone #: () _____

DEVELOPMENT OPT-OUT *

Name: _____ Phone #: () _____
 Email: _____ Fax #: () _____

REFEREE ASSIGNOR OPT-OUT *

Name: _____ Home #: () _____
 Work: _____ Cell #: () _____
 Email: _____ Fax #: () _____

TREASURER OPT-OUT *

Name: _____ Phone #: () _____
 Email: _____ Fax #: () _____

* Information on this form will be used for OWHA purposes. From time to time, the OWHA may use or disclose to third parties, the personal information collected on this form for the purposes of sanctioned tournaments as well as for the purposes of offering additional products and services including promotional items which may be of interest to the team/association/league. If you do not wish the OWHA to use the personal contact information for these purposes, please check "OPT-OUT" box.

Please attach additional list of volunteers if available.