



# Active Alumni Program Application



**PLEASE PRINT CLEARLY**

Name (First & Last): \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Social Media Handles (if available): \_\_\_\_\_

How many years did you play Hockey at the NSWC? \_\_\_\_\_

Please provide the name and year of your most recent NSWC team? \_\_\_\_\_

Please provide the name of your team from the previous year (if different from above)? \_\_\_\_\_

Please provide the name of your team for the upcoming season? \_\_\_\_\_

Terms and Conditions:

- a. The Hockey Department has the right to accept, deny, or remove players from this list at any time.
- b. Players born 1999 or younger are NOT eligible for the Active Alumni Program if they resign their NSWC membership.
- c. Participants will not receive a fob or parking pass and are not permitted to bring guests.
- d. Invoices for any programs or private lessons must be paid within 15 days of receipt
- e. Access will not be permitted until registration and payment is complete

**IN WITNESS WHEREOF** this Agreement has been executed by the Parties hereto as of the \_\_\_\_\_ day of \_\_\_\_\_, 2022.

**Alumni Program Participant**

**The North Shore Winter Club  
Hockey Department Approval**

**The North Shore Winter Club  
General Manager**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature