

**HAMILTON & DISTRICT  
MULTI-JURISDICTIONAL CLUB LEAGUE (L5)**

*662 FENNEL AVE. E., SUITE 4  
HAMILTON, ON L8V 1V1  
[www.hdselectleague.com](http://www.hdselectleague.com)*

**Membership application must be completed and mailed in with the full entry fee of \$150.00 for each team applying to play in the league. All cheques are payable to H&DMJCL and mailed to the above address. Cheques not received on or before March 31, 2008 are subject to a late registration fee. In addition, a Club Bond Fee for \$100.00 is to be supplied with the first team application. There is only one bond fee per Club regardless of the number of teams entered.**

Please **PRINT** clearly.

**TEAM INFORMATION:**

Name of Team: \_\_\_\_\_ Age group: \_\_\_\_\_ Boys/Girls

Team Colors: Home: \_\_\_\_\_ Away: \_\_\_\_\_

Team Contact/Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ NCCP level & number \_\_\_\_\_

Coach's mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Assistant Coach's Name: \_\_\_\_\_ NCCP level & number \_\_\_\_\_

Assistant Coach's mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CLUB INFORMATION:**

Name of Club: \_\_\_\_\_ Club Registration #: \_\_\_\_\_

Club Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Club Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Hamilton & District Multi-Jurisdictional Club League (L5)**  
**Game & Field Information for Scheduling**

Finalized game schedules and field information packages will be distributed at a Coach's meeting approximately two weeks prior to the start of season.

**INFORMATION ON REQUIRED WITH APPLICATION:**

A. HDMJCL games will be played during the week unless both teams agree to play on a weekend. Games shall start no earlier than 6:30 pm and no later than 7:00 pm on weeknights. U14 and higher age groups may start no later than 8:30 pm providing the field has lighting. Please indicate below preferred home game night and start time. Friday nights have been preferred by most Clubs in the past but with the growth the League has experienced that may not be possible. League Executive will review and approve game nights.

**Club Scheduler:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Field Name: \_\_\_\_\_ Preferred Start Time: \_\_\_\_\_

Alternate Field: \_\_\_\_\_ Preferred Start Time: \_\_\_\_\_

Does field have lights: Field Name: \_\_\_\_\_ Yes/ No

Field Markings adhere to League Rules: Yes/No

**Please include maps and directions to all fields that will be used.**

**Referee Coordinator:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

B. Each team may select up (2) two blackout dates, (*maximum 3 days per blackout*) as indicated below. To assist with team planning, these dates may be submitted up to March 31, 2008 to [mjscore@look.ca](mailto:mjscore@look.ca). Special requests for any other blackout must be submitted to the league in writing for approval before the March 31<sup>st</sup> deadline.

**Indicate your Blackout date(s) below:**

1. Date From: \_\_\_\_\_ Date to: \_\_\_\_\_

2. Date From: \_\_\_\_\_ Date to: \_\_\_\_\_

None required: \_\_\_\_\_