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## E-Mail Distribution List Request

Your full name: \_\_\_\_\_

Your e-mail account(s): \_\_\_\_\_

Your skaters full name: \_\_\_\_\_

Please include the SHL distribution list you are requesting addition to:

Ex. Squirt Group \_\_\_\_\_

Distribution List Options:

Mini Mites Group

Mite Group

Squirt Group

Pee Wee Group

Bantam Group

WIAA Group

E-Mail this document to: <mailto:vice.president@shawanohockey.org?subject=E-Mail Distribution Request>