



DISTRICT 5 HOCKEY

MINNESOTA HOCKEY TRANSMITTAL FORM 2007/2008

Date: _____ Phone # _____ District 5

Association Name: _____ Assn ID # _____

Your Name: _____

Your Address _____

PAID PLAYERS BORN IN 2001 AND LATER:

NOTE: (same as paid players for USA Hockey Transmittal)

Number of Paid Players _____ MN FEE \$10.00 Each Total _____

Pay to: Minnesota Hockey, Send with USA Transmittal to Glenn Young.

NOTE; PLAYERS BORN IN 2001 AND AFTER ARE FREE.

COACHES ARE NOT CHARGED THE MINNESOTA HOCKEY FEE EITHER.

Send with USA Transmittal to:

Glenn Young
703 Park Ave.
Litchfield, MN 55355

Phone 320-693-8571
geyoung@hutchtel.net