

MASSACHUSETTS HOCKEY APPLICATION FOR ROSTER CHANGE

Complete and send to your District/Divisional Registrar with the fee from the list below no later than the last playdown game of the District for this team. Form and fee from the Registrar must be in the hands of the STC by February 21

This form must be attached to an Electronic Supplemental Roster.

Date: District: MAH#:

Association Name:

Changes to be made(Check One) Bench Official Player Goalie

Classification(Check One) Mite Squirt Pee Wee
 Bantam Midget Girls/Women

TIER(Check One) Tier I Tier II NB Tier II-L Tier II-S
 Tier III(including Town Girls) Tier IV
 Gu10 Tier 1 Gu10 Tier 2 Gu12 Tier 1 Gu12 Tier 2
 Gu14 Tier 1 Gu14 Tier 2 Gu16 Tier 1 Gu16 Tier 2
 Gu19 Tier 1 Gu19 Tier 2
Women A B C

Name to Be Added:

Address:

City/Town: State: Zip Code:

Signature: DOB:

Name to be Deleted:

Check Change and Fee as Listed Below

Change Type (Check One)	Non Tournament Bound Teams	Up to last Playdown Game of this team	Bench Official or Alternate Goalies only after last Playdown Game
<input type="checkbox"/> Change/add Bench Official	\$0.00	\$50.00	\$50.00
<input type="checkbox"/> Alternate Goalie	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> R&R Art. VIII Section 11-A			
<input type="checkbox"/> Transfer Goalkeeper	\$0.00	\$50.00	
<input type="checkbox"/> Add Goalkeeper	\$0.00	\$100.00	
<input type="checkbox"/> Transfer Player	\$0.00	\$50.00	
<input type="checkbox"/> Add Player	\$0.00	\$100.00	

Player Roster changes for National Bound Teams will not be accepted after December 31st.

Association Representative Signature _____ Date _____

District Registrar Signature _____ Date _____

STC Signature _____ Date _____ Fee Paid _____