

REGISTRATION FORM

(CHECK DESIRED DIVISION)

___ TIER 1 ___ TIER 2 ___ TIER 3 ___ TIER 4 ___ TIER 5

TEAM NAME _____ HOME ARENA _____

CURRENT DIVISION/LEVEL WITHIN YOUR LEAGUE _____

CURRENT WINTER SEASON LEAGUE RECORD/PLAYOFF RESULTS _____

TEAM CAPTAIN NAME _____ TEAM CAPTAIN CELL PHONE _____

TEAM CAPTAIN EMAIL _____

ROSTER (MAX 15 PLAYERS & 1 GOALIE)

ALL PLAYERS MUST BE USA HOCKEY REGISTERED. CONFIRMATION REQUIRED PRIOR TO FIRST GAME.

MAIN JERSEY COLOR: _____ DO YOU HAVE HOME & AWAY? **YES** OR **NO** (CIRCLE ONE)

CAPTAIN _____ # _____

GOALIE _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

METHOD OF PAYMENT: (CHECK ONLY)

REGISTRATION (CHECK ONLY)

SINGLE TEAM CHECK FOR THE FULL AMOUNT MADE PAYABLE TO AAHA
PRELIMINARY ROSTER MUST HAVE AT LEAST 8 CURRENT LEAGUE TEAM PLAYERS
FINAL ROSTERS WITH JERSEY #'S AND USA HOCKEY #'S DUE JUNE 1

MAIL OR DROP OFF APPLICATION, ROSTER AND PAYMENT CHECK TO:

AZ ADULT CHAMPIONSHIPS 2018 - ATTN: ADAM MIMS
1520 N. MCCLINTOCK DR. TEMPE, AZ 85281

AZAMATEURHOCKEY.ORG

2018 ROSTER

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