



THE AMERICAN SPECIAL HOCKEY ASSOCIATION
 37 KENILWORTH ROAD ~ BINGHAMTON, NEW YORK 13903 ~ (607) 765-4529
2025/2026 MEMBER TEAM APPLICATION
PLEASE SUBMIT BY JULY 15

To be a team in good standing, the member organization would document through registration that ALL coaches, Jr. Coach/Mentores, Volunteers and Athletes* are registered and determined eligible for participation. All registrants age 18 (as of December 31, 2007 or older, are required to be compliant with the Safe Sport Act regulations. For any practice, activity or event to be sanctioned by ASHA, all participants would require approved 2024/2026 registration. All special events must be approved with ASHA Administration no less than 14 days in advance of the special event. In submitting this application, the requestor agrees to abide by this expectation.

Team Name		
Mailing Address	City	State Zip
Team Manager	Team Manager Contact	Team Manager Email
Head Coach	Head Coach Contact	Head Coach Email
Team Registrar	Team Registrar Contact	Team Registrar Email
Rink Name	Rink Contact Name	Rink Contact Email
Rink Location Address	City	State Zip

ORGANIZATION INFORMATION (NEEDED FROM ALL APPLICANTS)

(IF THE ORGANIZATION IS NEW OR FORMING – PLEASE NOTE KEY PERSONNEL INVOLVED INSTEAD OF BOARD MEMBERS)

State & EN	IRS Tax Status		
Board President/Chairman	Board/Vice Chair		
Name	Name		
Board Secretary	Board Treasurer		
Name	Name		
Please Attach (New Organizations Only) <input type="checkbox"/> Copy of IRS Determination Letter <input type="checkbox"/> or Letter of Explanation (explain the status of your organization)	Registrations & Membership: Will your team be hosting any festivals or interstate events? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please submit an 2025/2026 Event Sanctioning Form</i> Will you have equipment needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Website	Facebook	Twitter	Instagram

* Athletes who are being introduced to the sport are considered special guests and covered for first two events with appropriate release forms on file.
 Application Reviewed & Approved (Region)



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EVENT SANCTIONING REQUEST

This form is required for all special events & festivals (NOT REQUIRED FOR Regular Season Member Club Home Games)

EVENT NAME:

Team Name

Mailing Address

City

State Zip

Team Manager

Team Manager Contact

Team Manager Email

Head Coach

Head Coach Contact

Head Coach Email

Event Rink Name

Event Rink Contact Name

Event Rink Contact Email

Event Rink Location Address

Event City

Event State Zip

EVENT INFORMATION

Event Coordinator Name

Event Coordinator Contact Phone

Event Coordinator Email

of Teams Expected

Will this Event host a party or Off-Ice Event. (If Yes, how many people are expected to attend)

If Insurance is required for Off Ice Location, please note location name, address, dates & times

Game Types

A Level Games

Community Game

B Level Games

Unified Game

C Level Game

Will your team require a fee to participate? If so, how much _____

If you have any questions regarding the game format and your event, please contact ASHA. "Mixed Bench" Games are accepted for smaller events, with a written risk management plan and agreement of all participating parties

Hotels/Accommodation Information:

If this is a Community Game: Please list participating team with contact information

If this is an invitational event: Please list expected teams.

By signing this request, you agree to abide by all Locker Room Rules, Codes of Conduct, and agree to submit verified rosters 7 days in advance of event start.

Team Manager/ Head Coach Signature _____

Application Reviewed & Approved (Region) _____