

23/24 MAHA BOND FORM			
ORGANIZATION (Association Name)		CONTACT AND NUMBER (person turning in this form)	
AGE GROUP	NUMBER OF TEAMS	<b>\$500/TEAM</b>	TOTAL
10U-A		x \$500 =	
10U-B		x \$500 =	
12U-A		x \$500 =	
12U-B		x \$500 =	
14U		x \$500 =	
14U GIRLS		x \$500 =	
BSHS		x \$500 =	
HSV		x \$500 =	
19U GIRLS		x \$500 =	
<b>TOTAL</b>		<b>x \$500 =</b>	

**THIS FORM NEEDS TO MATCH THE DECLARATION FORM THAT IS TURNED IN TO TSL COMMISSIONER.**

**This form needs to be included with the Association Bond check, if it is not, Bond will not be accepted.**

**BOND questions need to be directed to Karen Young, MAHA Treasurer  
by email at: [karenandtodd@msn.com](mailto:karenandtodd@msn.com)**



**Mail documents to: Karen Young  
6835 Piney Road  
Billings, MT 59106**



Office use only: Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

**DUE 10/1/2023**