

Mid Am District Championship
Ohio State Tier II Tournament Application
2025-26 Season (16U & 18U Only)
Commitment Fee \$1650.00

Application Deadline 1-Sep-25
Late Fee \$500.00

In submitting this form the named local member association and respective team declares its intention to enter the Mid Am Tier II State Championships, to the USA Hockey National Championships. All teams registering for the Mid Am State Championships understand and agree that the State Champions are required to advance to the USAH National Championships. Once accepted into the State Championships, team, coaches and management staff who withdraw from the Mid Am State Championships without Mid Am approval or who choose not to advance to the USA Hockey National Championships shall be subject to disciplinary procedures at the discretion of the Mid American District Hockey.

1. Team information must match Team Type, Classification and Category as listed on official roster.
2. Eligibility for participation in the Tier II district championships will be determined by Mid Am rules & regulations (restricted to 8 teams at each age classification). Consult the www.midamhockey.com website for specific details regarding eligibility.
3. **Personal checks will not be accepted, all checks must be from the Local Member Association.**
4. **THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT BEING COMPLETED ENTIRELY, CHECK AND ROSTER. EMAILED APPLICATIONS AND ROSTERS WILL NOT BE ACCEPTED, must be USPS. All applications must be received /post marked by September 1, 2025.**
5. Any refunds will be processed at the completion of the tournament and will be paid by check in the name of the association, and sent to the address you list below.

The fee paid with this application is NON-REFUNDABLE at the discretion of the Mid Am President.

Please circle category

Tier II	16U	18U		
LOCAL ASSOCIATION			USAH TEAM ID#	
TEAM NAME			STATE(circle one)	OH
HEAD COACH NAME			CELL PHONE #	
HEAD COACH EMAIL				
HEAD COACH SIGNATURE				
ASSOCIATION PRESIDENT				
ASSOCIATION PRESIDENT SIGNATURE				
TEAM MANAGER			CELL PHONE #	

Please enter address (for refund)

Mail completed packet to:

Lori Billings, Mid Am Administrator
P.O. Box 811
Sylvania, Ohio 43560