Brainerd Amateur Hockey Association

P.O. Box 38
Brainerd, MN 56401
jim.brau@brainerdhockey.com
218-851-2244



BAHA Tournament Director Application

Name: 	-
Address:	
Phone:	
Email:	
Do you have children that play in BAHA? Yes/No	
If yes: What Levels?	
Please list your qualifications and experience that would make you a good candidate for this posit (Attach another sheet if necessary)	tion:

Please complete the application and drop of at the rink in the BAHA mailbox upstairs on civic side, or mail to BAHA P.O. Box 38 Brainerd, MN 56401 or email to the address listed above.