

M.A.H.A. DISTRICT / STATE PLAYOFFS: TEAM CREDENTIALS

COMPLETE TOP PORTION OF
THIS PAGE & CREDENTIALS
VERIFICATION SHEET BRING TO
CREDENTIALS REVIEW

CLASSIFICATION: **CATEGORY:** **DIV:**

ASSOCIATION:

PLEASE PRINT

TEAM NAME:

COLORS: HOME: AWAY:

TEAM CONTACT: NAME:

COACH: ADDRESS:

MANAGER: CITY: ZIP:

CONTACT PHONE

E-MAIL ADDRESS:

ALT. CONTACT: NAME:

COACH: ADDRESS:

MANAGER: CITY: ZIP:

CONTACT PHONE

E-MAIL ADDRESS:

For M.A.H.A. Use Only: **CREDENTIALS CHECK:**

CERTIFIED TEAM (1-T) ROSTER

GAME LOG

Total Games: As of:

***** Complete all information on back of this form for each player, coach and manager *****

CREDENTIALS VERIFIED BY(Print Name & Initial): DATE VERIFIED:

NOTES:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

PAYMENT to MAHA: AMOUNT: CHECK #:

PAYMENT to ASSOCIATION: AMOUNT: CHECK #:

Received By:

