

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

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PAYMENT to MAHA: AMOUNT: CHECK #:

PAYMENT to ASSOCIATION: AMOUNT: CHECK #:

Received By: