

**MID AM DISTRICT CHAMPIONSHIPS
TEAM DECLARATION FORM
2018-19 SEASON**

DUE DATES

**GIRLS/WOMEN - OCT 10, 2018
YOUTH - DEC 3, 2018
YOUTH OHIO MIDGET TIER II - OCT 10, 2018**

In submitting this form, the named team declares its intention to enter the Mid Am Youth Tier I District Championships Youth Tier II State Championships or the Girls/Women District Championships, as applicable, leading to the USA Hockey National Championships. All teams registering for the Mid Am District or State Championships understand and agree that all State and District Champions are **REQUIRED** to advance to the USA Hockey National Championships. Once accepted into the State or District Championships, teams and their coaching and management staff who withdraw from the Mid Am State or District Championships without Mid Am approval or who fail to advance to the USA Hockey National Championships shall be subject to disciplinary procedures at the discretion of the Mid Am Board of Directors.

The fee paid with this declaration is NON-REFUNDABLE.

COMPLETE ONE FORM PER TEAM - DO NOT SUBMIT MULTIPLE TEAMS ON THE SAME FORM

LEVEL/GENDER (CIRCLE)	TIER I	TIER II	/	YOUTH	GIRLS/WOMEN
AGE (CIRCLE) YOUTH	14U	15		16U	18U
GIRLS/WOMEN		14U		16U	19U
	A	B		C	30 Over

Notes:

1. Team registration must be at the same Tier level as being declared (excludes Girls/Women)
2. Eligibility for participation in the Tier I youth and Girls/Women District Championships will be restricted to 8 teams at each age classification. Consult the www.midamhockey.com website for eligibility.
3. Please see www.midamhockey.com for the latest information on State/District Championship sites, dates and times.

TEAM NAME: _____ STATE: IN KY OH WPA WV

ASSOCIATION: _____ USAH TEAM ID# _____

PRIMARY TEAM CONTACT: _____ POSITION WITH TEAM _____

EMAIL ADDRESS: _____ BEST PHONE # _____

HEAD COACH NAME (PRINTED): _____

HEAD COACH SIGNATURE: _____ DATE _____

ASSOCIATION PRESIDENT (PRINTED): _____

ASSOCIATION PRESIDENT SIGNATURE: _____ DATE _____

ASSOCIATION PRESIDENT EMAIL ADDRESS: _____

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT BEING COMPLETED ENTIRELY
MAIL COMPLETED FORM AND \$1100.00 COMMITMENT FEE, PAYABLE TO MID AM, TO THE ADDRESS BELOW.
COMMITMENT FEE IS ONLY A DEPOSIT. FULL TOURNAMENT FEES WILL BE DETERMINED AT A LATER DATE
AND MAY RESULT IN ADDITIONAL AMOUNTS DUE OR A REFUND PAYMENT BEING MADE. **ANY REFUNDS WILL BE
PROCESSED AT THE COMPLETION OF THE TOURNAMENT AND WILL BE PAID BY CHECK IN THE NAME OF THE TEAM,
AND BE SENT TO THE TEAM CONTACT.**

MAIL COMPLETED FORM, COPY OF CURRENT TEAM ROSTER AND APPROPRIATE CHECKS TO:

LORI BILLINGS, MID AM ADMINISTRATOR
P.O. BOX 811
SYLVANIA, OHIO 43560