



WAHA APPLICATION FOR TIER II NATIONAL BOUND TEAM

Date of Application: _____ Date Received by Tier II Chairperson _____

Level of Team anticipated:

____ 18U Youth (in season)

____ 18U Youth (before & after)

____ 19U Girls (in season)

____ 19U Girls (before & after)

Proposed Team Name: _____

Team Jersey colors: _____

Season applying for: _____

Team Contact Person: _____

Address of Contact Person: _____

City: _____ State: _____ Zip: _____

Contact Phone: (C) _____ (H) _____ (W) _____

E-mail _____

As Contact for the _____ Team, I acknowledge that I have read, understand and agree to abide by all of the USA Hockey and WAHA By-Laws and Rules & Regulations.

Signed: _____

Date: _____

Coaching Staff:

Head Coach: _____

Head Coach's Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (W) _____

E-mail _____

USA Hockey Coaching certification level: 1 2 3 4

USA Hockey Coaching Card number: _____

Safe Sport Complete: Yes No Screening Complete: Yes No

1st Assistant Coach: _____

Assistant Coach's Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (W) _____

E-mail _____

USA Hockey Coaching certification level: 1 2 3 4

USA Hockey Coaching Card number: _____

Safe Sport Complete: Yes No Screening Complete: Yes No

2nd Assistant Coach: _____

Assistant Coach's Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (W) _____

E-mail _____

USA Hockey Coaching certification level: 1 2 3 4

USA Hockey Coaching Card number: _____

Safe Sport Complete: Yes No Screening Complete: Yes No

Team Manager: _____

Manager's Address: _____) _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (W) _____

E-mail _____

Safe Sport Complete: Yes No Screening Complete: Yes No

Name of Home Rink: _____

Location of Home Rink:

Address: _____

City: _____ State: _____ Zip: _____

Home Rink Phone: _____

FINANCIAL INFORMATION

Total Budget for 2022/2023 Season: _____

Financial Statement attached? Yes No

Number of Players expected on a Team: _____

Ice Hours per week for team: _____

Number of expected practices: _____

Ratio of practices To Games: _____

Number of U.S. trips outside of Wisconsin: _____

Number of Canadian trips: _____

Number of Overseas trips: _____

Total number of trips anticipated: _____

Player fee per season: _____

Fund Raising requirements (if any):\$ _____

List ALL other expenses included in Player fee (Banquets, sticks, National Tournament expenses, etc.)

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Estimated Travel cost per player for the season \$ _____

Total Estimated Financial Obligation per Player for the season:

\$ _____

If total Budget is not supported by Player fees, how do you plan to finance the season?

**If you wish to submit any additional information that would be helpful to the WAHA Tier II Committee, please attach a separate sheet.

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Return this completed form in its entirety by May 15, 2022 to:

**Bob Normand
WAHA Tier II Committee Chair
640 S Main St
Chippewa Falls, WI 54729
rjnormand55@gmail.com**