



**WAHA APPLICATION FOR TIER II NATIONAL BOUND TEAM**

Date of Application: \_\_\_\_\_ Date Received by Tier II Chairperson \_\_\_\_\_

Level of Team anticipated:

\_\_\_\_ 14U Youth (in season)    \_\_\_\_ 16U Youth (in season)    \_\_\_\_ 16U Youth (before & after)  
\_\_\_\_ 14U Girls (in season)    \_\_\_\_ 16U Girls (in season)    \_\_\_\_ 16U Girls (before & after)  
   \_\_\_\_ 18U Youth (in season)    \_\_\_\_ 18U Youth (before & after)  
   \_\_\_\_ 19U Girls (in season)    \_\_\_\_ 19U Girls (before & after)

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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 \_\_\_\_\_

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**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  
(circle one)

USA Hockey Coaching Card number: \_\_\_\_\_

Safe Sport Complete: Yes    No                  Screening Complete: Yes    No

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**1<sup>st</sup> Assistant Coach:** \_\_\_\_\_

Assistant Coach's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_

USA Hockey Coaching certification level: 1    2    3    4  
(circle one)

USA Hockey Coaching Card number: \_\_\_\_\_

Safe Sport Complete: Yes    No                  Screening Complete: Yes    No

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**2<sup>nd</sup> Assistant Coach:** \_\_\_\_\_

Assistant Coach's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_

USA Hockey Coaching certification level: 1    2    3    4  
(circle one)

USA Hockey Coaching Card number: \_\_\_\_\_

Safe Sport Complete: Yes    No                  Screening Complete: Yes    No

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**Team Manager:** \_\_\_\_\_

Manager's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_

Safe Sport Complete: Yes No          Screening Complete: Yes No

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Name of Home Rink: \_\_\_\_\_

Location of Home Rink:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Rink Phone: \_\_\_\_\_

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**FINANCIAL INFORMATION**

Total Budget for 2018/2019 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?

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

**Return this completed form in its entirety by June 15, 2018 to:**

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