MHA TEAM ORDER FORM 2024-2025

Region: ______________________________

Association Legal Name: ______________________________ **Association Phone #** ______________________________

Registrar Name & Email: ______________________________ **Registrar Phone #** ______________________________

President Name & Email: ______________________________ **President Phone #** ______________________________

ORDER DEADLINE: OCTOBER 15

DIVISION	**STREAM** (if applicable) Male (M) Female (F)	**Declared Tier Prior to Tiering Process ie T1 T2 T3**	**TEAM NAME** (MUST start with MHA name) Format: MHA / Division / Rank / Identifier	**LEAGUE**
U11	M	T1	Anytown U11 1 Blue	Central Alberta Hockey League
U13	M	T2	Anytown U13 2	Central Alberta Hockey League
U13	M	T2	Anytown U13 2 Green	Central Alberta Hockey League

DIVISION	STREAM (if applicable) Male (M) Female (F)	Declared Tier Prior to Tiering Process ie T1 T2 T3	TEAM NAME (MUST start with MHA name) Format: MHA / Division / Rank / Identifier	LEAGUE
U11	M	T1	Anytown U11 1 Blue	Central Alberta Hockey League
U13	F	T2	Anytown U13 2	Central Alberta Hockey League
U13	M	T2	Anytown U13 2 Green	Central Alberta Hockey League