



A. M. Montagna
ATLANTIC DISTRICT REGISTRAR

2007-2008 IMR AND TEAM MEMBERSHIP TRANSMITTAL

DATE _____ ASSN CODE _____
ORGANIZATION _____
REGISTRAR _____
ADDRESS _____
CITY, STATE, ZIP _____
EMAIL _____
PHONE (H) _____ (F) _____

PLEASE COMPLETE AND SEND WITH IMRS/DISKS AND TEAM MEMBERSHIPS

1 CHECK # 1 - PAYABLE TO "USA HOCKEY"

TOTAL NUMBER OF IMRS FOR PLAYERS 7 & OVER: _____ X \$30 = _____
TOTAL NUMBER OF IMRS FOR ALL COACHES: _____ X \$30 = _____
TOTAL NUMBER OF IMRS FOR PLAYERS 6 & UNDER: _____ X \$0 = _____
(6 AND UNDER = PLAYERS BORN 2001 & LATER)

CHECK # 1 TOTAL - PAYABLE TO "USA HOCKEY"

2 CHECK # 2 - PAYABLE TO "AAHA"

ATLANTIC DISTRICT PLAYER & COACHES FEE

PLAYERS 7 & OVER NUMBER OF IMRS _____ X \$10 = _____
(PLAYERS BORN 2001 & LATER ARE FREE)
COACHES NUMBER OF IMRS _____ X \$10 = _____

CHECK # 2 - PAYABLE TO "AAHA"

NOTE: PLEASE CREATE SEPARATE CHECKS FOR PAYMENTS TO USA HOCKEY AND THE AAHA

USA HOCKEY - NUMBER OF TEAMS _____ NO FEE

(PLEASE INCLUDE TEAM COUNT SO WE KNOW HOW MANY SETS OF BOOKS TO SEND)

THE INDIVIDUAL FEES FOR USA HOCKEY AND THE AAHA INCLUDE THE TEAM MEMBERSHIP FEES AND PREMIUM FOR D & O COVERAGE.

PREVIOUSLY-REGISTERED PLAYERS, AND COACHES, AND PLAYERS BORN IN 2001 OR LATER DO NOT PAY ANY USA HOCKEY OR AAHA FEES.

PLAYERS BORN IN 2001 OR LATER MUST BE TRANSMITTED. THE SOFTWARE WILL RECOGNIZE THE BIRTH YEAR, AND WILL NOT CHARGE ANY FEE.

PREVIOUSLY REGISTERED PLAYERS AND COACHES MUST BE TRANSMITTED. PRIOR TO DOING THE TRANSMITTAL, YOU MUST REQUEST PREV-REGISTERED CODES. WITH THE CODE, THE SYSTEM WILL NOT CHARGE A FEE.

MAIL TRANSMITTALS, CHECKS, AND SUPPORTING PAPERWORK TO:

A.M. MONTAGNA, USA HOCKEY - REGISTRAR
1374 WHITNEY ROAD
SOUTHAMPTON, PA. 18966

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PHONE: 215-322-4320 FAX: 215-322-8385