



ORGANIZATION APPLICATION: TIER I / TIER II STATUS

DUE: November 30th – Annually

Tier I AAA, Tier II AA, Youth & Girls / Women A, B & C

NOTE: USE SEPARATE FORM FOR EACH TIER LEVEL

ORGANIZATION NAME: _____

CONTACT: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP _____

501(c)3 Yes No FOR PROFIT TYPE: _____ YEAR INCORPORATED: _____

NAME OF PRIMARY RINK: _____ ADD'L RINK: _____

IS CLUB ADDRESS SAME AS PRIMARY RINK: Yes No CLUB WEBSITE: _____

TIER LEVEL YOU ARE APPLYING FOR (CHECK ONLY ONE): TIER I TIER II

(CHECK ONLY ONE) BOYS GIRLS WOMEN:

AGE LEVEL(S) APPLYING FOR: 14U 15P 16U 18U 19U / (WOMEN): A B C

14U HEAD COACH: _____ CEP# _____ . MODULES (Y/N) _____ SCREENED: _____

15P HEAD COACH: _____ CEP# _____ . MODULES (Y/N) _____ SCREENED: _____

16U HEAD COACH: _____ CEP# _____ . MODULES (Y/N) _____ SCREENED: _____

18U HEAD COACH: _____ CEP# _____ . MODULES (Y/N) _____ SCREENED: _____

19U HEAD COACH: _____ CEP# _____ . MODULES (Y/N) _____ SCREENED: _____

IS YOUR CLUB ADM COMPLIANT: Yes No IF NO, WHY: _____

HAVE ALL COACHES WITHIN YOUR CLUB COMPLIED WITH USA HOCKEY / AFFILIATE SCREENING REQUIREMENTS: Yes No

IF NO, WHY & WHEN WILL IT BE COMPLETED: _____

FEEDER PROGRAM: _____

OF TEAMS IN CLUB: _____ AGE LEVELS: _____ # OF PLAYER IN CLUB: _____

WILL ANY TEAM LISTED PLAY INDEPENDENT OF A LEAUGE EXCLUSIVELY: Yes No

IF YES, PLEASE INIDICATE WHICH TEAMS: _____

WHAT LEAGUE(S) WILL TEAM(S) PARTICIPATE: _____

DOES YOUR ORGANIZATION SCHOLARSHIP PLAYERS: Yes No IF YES, IS THE SCHOLARSHIP POLICY MADE PUBLIC (where) AND IS IT "NEED" BASED, OR PERFORMANCE BASED? _____

PLEASE READ THE FOLLOW BULLETS, AND INITIAL THAT YOU AND THE SECOND SIGNATORY FULLY UNDERSTAND WHAT EACH BULLET REQUIRES OF THE CLUB. _____ (Initials) _____ (Initials)

- The use of unapproved Tier designation, include letters to imply the same, is strictly prohibited.
- Your Club leadership, coaches and staff are aware of USA Hockey and AAHA Rules governing Tier I and Tier II National Tournament eligible teams and following said rules are a minimum requirement for approval.
- You must attach separately, each team's record presently, and previous season.

THIS APPLICATION REQUIRES TWO (2) SIGNATURES; CLUB PRESIDENT & ONE OTHER OFFICER

DATE: _____

DATE: _____

Print & Sign – President

Print & Sign – 2nd Officer