



Mid-American Hockey Association
P.O. Box 811 | Sylvania OH 43560
administrator@midamhockey.com

LOCAL ASSOCIATION ANNUAL DISCLOSURE FORM

DATE: _____

ORGANIZATION NAME: _____

ASSOCIATION CODE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ASSOCIATION WEBSITE ADDRESS: _____

HOCKEY DIRECTOR: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ASSOCIATION PRESIDENT: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ASSOCIATION SAFESPORT COORDINATOR: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ASSOCIATION REGISTRAR: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ASSOCIATION DISCIPLINE COORDINATOR: _____

EMAIL: _____

PHONE NUMBER: _____

Please return to:

Lori Billings

administrator@midamhockey.com