Massachusetts Hockey
APPLICATION FOR ROSTER CHANGE
2006 - 2007

Complete and send to your District/Divisional Registrar with fee from the list below no later than the last playdown game of the District for this team. Form and fee from the Registrar must be in the hands of the STC by February 22, 2007. This form must be attached to an Electronic Supplemental Roster or a paper IMR.

NOTE: ONE FORM PER ROSTER CHANGE

Date: _____ **District #:** _____ **MAH #:** _____

Association/Program Name: _____

Change to be made: (circle one) Bench Official Player Goalie

Classification: (circle one) YOUTH MITE SQUIRT PEEWEE BANTAM MIDGET

Tier: (circle one) TIER I TIER II NB TIER II – L TIER II – S TIER III TIER IV

GIRLS WOMEN U10 A U12 B U14 C U16 U19

Name to be Added: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Signature: _____ Date of Birth: _____

Name to be Deleted: _____

Circle Change and Fee as Listed Below:

CHANGE TYPE	Non Tournament Bound Teams	Up to last Playdown Game of this team.	Bench Official or Alternate Goalie Only after last Playdown Game
Change/Add Bench Official	$0.00	$50.00	$50.00
Alternate Goalkeeper R&R Art. VIII Section II-A	$0.00	$0.00	$0.00
Transfer Goalkeeper	$0.00	$50.00	
Add Goalkeeper	$0.00	$100.00	
Transfer Player	$0.00	$50.00	
Add Player	$0.00	$100.00	

Player Roster Changes for Tier I and II National Bound Teams will not be accepted after December 31st

Association Representative Signature: _____ **Date:** _____

District Registrar Signature: _____ **Date:** _____

SCTC Signature: _____ **Date:** _____ **Fee Paid:** _____