M.A.H.A. DISTRICT / STATE PLAYOFFS: TEAM CREDENTIALS

COMPLETE TOP PORTION OF THIS PAGE
& CREDENTIALS VERIFICATION SHEET
BRING TO CREDENTIALS REVIEW.

PLEASE PRINT

DIVISION: .....

ASSOCIATION: .....

TEAM NAME: .....

COLORS: HOME: ..... AWAY: .....

TEAM CONTACT: NAME: .....

COACH: ..... ADDRESS: .....

MANAGER: ..... CITY: ..... ZIP: .....

PH: H: ( ) ..... PH: W: ( ) ..... PH: C: ( ) .....

E-MAIL ADDRESS: .....

ALT. CONTACT: NAME: .....

COACH: ..... ADDRESS: .....

MANAGER: ..... CITY: ..... ZIP: .....

PH: H: ( ) ..... PH: W: ( ) ..... PH: C: ( ) .....

E-MAIL ADDRESS: .....

HOTEL: ..... **PHONE NO:** ..... **ROOM #:** .....

For M.A.H.A. Use Only: **CREDENTIALS CHECK:**

CERTIFIED TEAM (1-T) ROSTER ☐

GAME LOG Total Games: ☐ As of: ☐

***** Complete all information on back of this form for each player, coach and manager *****

CREDENTIALS VERIFIED BY(Print Name & Initial): _____ DATE VERIFIED: _____

NOTES: .....

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PAYMENT to MAHA: AMOUNT: ..... CHECK #: .....

PAYMENT to ASSOCIATION: AMOUNT: ..... CHECK #: .....

Received By: .....