

MASSACHUSETTS HOCKEY ROSTER EXEMPTION FORM*

{submit with USA Hockey Roster to your District/Division Registrar}

CONTROL # _____

DISTRICT OR DIVISION: _____

SEASON: _____

DATE:

PROGRAM INFORMATION

1. PROGRAM/ORGANIZATION NAME: _____

2. REASON FOR EXEMPTION: _____

COMPETITION INDICATORS

1. AGE LEVEL OF TEAM: _____

2. NUMBER OF PLAYERS AT THIS LEVEL IN YOUR ORGANIZATION: _____

3. NUMBER OF TEAMS AT THIS LEVEL IN YOUR ORGANIZATION: _____

4. NUMBER OF PLAYERS ON THIS TEAM BEFORE ADDITIONS: _____

COMPETITION LEVEL – CIRCLE LEVEL

TIER I

TIER II

TIER III

TIER IV

HOUSE

INITIATE

GAMES

1. LEAGUE NAMES: _____

2. TOURNAMENTS: _____

3. DISTRICT/STATE PLAYDOWNS: YES _____ NO _____

4. NATIONAL BOUND: _____ STATEBOUND ONLY: _____

SIGNATURE OF PROGRAM/ORGANIZATION OFFICER

REGISTRAR'S SIGNATURE:

RESOLUTION:

DISPUTE RESOLUTION COMMITTEE MEMBER ATTENDING:

APPROVED

DENIED

*See "Roster Limitation Procedure" in the Massachusetts Hockey Annual Guide