



Michigan Amateur Hockey Association

TO MAHA TOURNAMENT DIRECTOR:

THE FOLLOWING PLAYER: _____

HAS BEEN GRANTED PERMISSION TO BE THE BACK UP GOALTENDER FOR THE
_____ HOCKEY TEAM,

MAHA CLASSIFICATION: _____

DURING THE 20____ - 20____ MICHIGAN AMATEUR HOCKEY ASSOCIATION PLAYOFFS.

THE ABOVE NAMED PLAYER IS A REGISTERED PLAYER WITH THE
_____ HOCKEY TEAM.

PLAYER'S COACHES' SIGNATURE: _____

TOURNAMENT COACHES' SIGNATURE: _____

DISTRICT DIRECTOR'S SIGNATURE: _____

For substitute goalie approval to be granted, the injured player must provide certified documentation of the injury from his/her Physician and contact information for that Physician. Attach this information to this form.

