



2007-2008 Division III New Team Application

Please fill out the form completely and be as detailed as possible. The form should be returned, with your check, to the Division III Commissioner, at the address listed below, as soon as possible in order to be considered for Division III play in the 2007-2008 season. Please be advised that you are responsible for insuring that your application has been delivered. The ACHA will bear no responsibility for lost forms.

Today's Date:

Years as member of ACHA:

Years in Division III:

Total current University/College undergraduate enrollment:

School Name:	School Nickname:
Contact:	<i>If the main contact is not the Head Coach, please fill in this half of the application as well.</i>
Contact Title:	Head Coach:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:
Phone: (home)	Phone: (home)
Phone: (work)	Phone: (work)
Phone: (cell)	Phone: (cell)
Fax Number:	Fax Number:
E-Mail Address: **	E-Mail Address: **
Alternate E-Mail:	Alternate E-Mail:
Hockey Website Address:	League Affiliation:
Division III Fee: \$850.00	

Please make checks payable to the American Collegiate Hockey Association

Mailing Address:

**ACHA Division 3
3130 Glade St.
Suite A
Muskegon MI 49444**

Additional contact information:

**(E) TAVGlobal@usa.com
(P) 231-740-1289**