American Collegiate Hockey Association Division 3 Fall Eligibility Form

TYPE ONLY | TYPE ONLY | TYPE ONLY

School Name _____

Team Representative _____ Phone # _____

E-Mail Address _____

Registrar's Name _____

Phone # _____

E-Mail Address _____

SECTION 1 - Completed by Team Representative				SECTION 2 - Completed by Registrar			
Last Name	**First Name**	**Student ID #**	**Number of Yrs Played** (0-3)	**2006-2007 ACADEMIC SCHOOL YEAR** Total Number of School Credits Passed from (**January 2007-August 2007 only**)	**FALL 2007 SEMESTER** (Sept-Dec) Hours Enrolled In (as of Today's Date)	**Overall Grade Point Average**	**CLASS YEAR** (FR / SO / JR / SR)

* The above listed student athletes, by their signature, consent to the release of grades, academic standing, and records information to the ACHA (American Collegiate Hockey Association) for the purpose of determining their athletic eligibility for the current 2007-2008 hockey season. (See attached sheet)

Registrar's Instructions

1. ***Type Form*** Completely
2. Affix School Seal/Stamp and Sign
3. **Mail to ACHA directly before first game or by Oct 31 along with Signature Sheet**

Affix School Stamp / Seal Here

Registrar's Signature _____ Date _____, 2007

Mailing Address: ACHA Division 3
3130 Glade St.
Suite A
Muskegon, MI 49444

Email Address: tavglobal@usa.com

If you have any questions, please contact me. I, on behalf of the ACHA, will make all final rulings regarding player eligibility. **Brian**