$58.00 - Full Screen per Person
All checks payable to: AHAI

AMATEUR HOCKEY ASSOCIATION ILLINOIS, INC.

"Dedicated to the development of today's youth through Athletic and Academic excellence."

2009-10 SCREENING PROGRAM COACH'S/MANAGER'S REQUEST FORM

Organization: _____ Date: ____/____/____ Phone No.: ( ) -

SCREENING FORMS WILL BE SENT TO:

President's Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE PRINT CLEARLY

Name	Coach "C"	Manager "M"	Team	Dollar Amount Enclosed
				$
				$
				$
				$
				$
				$
				$
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				$
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				$
				$
				$

PLEASE PRINT CLEARLY

— **SEND THIS SCREENING REQUEST FORM AND PAYMENT TO: AHAI • P.O. BOX 217 • BATAVIA, ILLINOIS • 60510**

— PLEASE MAKE A COPY OF THIS FORM BEFORE STARTING IF YOU NEED MORE SPACE —