



**2010-11 ACHA WOMEN'S DIVISION
Declaration of Previous Team Form**

DECLARATION OF PREVIOUS TEAMS

I, (print name) _____, am aware that participating on an American Collegiate Hockey Association collegiate hockey team involves meeting certain player eligibility requirements. I understand that failure to adhere to these guidelines may result in penalties, both to me as an individual and to the ACHA college hockey program for which I play. I HAVE been on the roster for an NCAA or CIS ice hockey game and have indicated the year(s) below.

| Academic Year | Semester: Fall/Spring/Both | Team | NCAA/CIS |
|---------------|----------------------------|------|----------|
| | | | |
| | | | |
| | | | |

Player Signature: _____ **Date:** _____

Please submit this form with your Player Agreement Forms **by October 20, 2010**, in one of the following ways:

MAIL Christian Wilk
 ACHA Women's Division Commissioner
 7035 Chapel Hill Dr
 Brecksville OH 44141

E-MAIL chriswilk@achahockey.org