

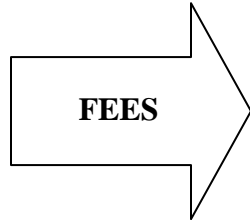


WAHA PLAYER TRANSMITTAL 2009-2010



DATE _____

ASSOCIATION _____



<p>COACHES/PLAYERS D/O/B 1990 & Older</p> <p>No. of Players _____ X\$5.00 =\$ _____</p> <hr/> <p>PLAYERS D/O/B 1991-2002</p> <p>No. of Players _____ X\$10.00 =\$ _____</p> <hr/> <p>PLAYERS D/O/B 2003 & Younger NO FEE</p> <hr/> <p>TEAM MEMBERSHIP NO FEE</p> <hr/> <p>D & O Insurance – All Classifications NO FEE</p>

TOTAL FEES DUE.....\$_____

Make check payable to WAHA and remit to the following registrars:

REGION 1
Bob Normand
640 S Main St
Chippewa Falls, WI
54729

REGION 2
Dawn Olson
P.O. Box 62
Phillips, WI
54555

REGION 3 & 4
Tom Hansen
413 S Midvale Blvd
Madison, WI
53711

REGION 5
Ann Zajac
W357N6717
Sommerville Cir
Oconomowoc, WI
53066

REGION 6
Mike Falch
7865 Blue Valley Dr
Eau Claire, WI
54703