CREDENTIALS VERIFICATION SHEET
DISTRICT / REGIONAL / NATIONAL

USA HOCKEY

Team Name: _____ **CI:** _____ **Tier:** _____

Contact: _____ **Email:** _____ **Cell:** _____

Player Name	#	Rost Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Birth Date Verified	US Citizen Verified	Non-US Citizen Verified	Transfer Complete	Waiver of Liability	Consent to Treat	Code of Conduct	
		Game Date→										GAME DATE																						

Team Staff

	Lev - Exp - Card	MOD

NOTE: All players from the above team should be entered on this sheet. Check each block to indicate the number of games a player has played, in the date order of games played. YOUTH: min of ten (10) games for each player and min twenty (20) games for each team (20/10 Rule). GIRLS/WOMEN: min of ten (10) games for each player and min fourteen (14) games for each team (14/10 Rule).

Verified By: _____ **Date:** _____ CS-Form 1-C Rev: 4/12